


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709785 (0)

STERLING VILLAGE CONDOMINIUM INC.



Principal Place of Business	Mailing Address
800 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435	500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435-4934

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1965		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1111572		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, FAYE 320 HORIZONS WEST APT 108 BOYNTON BEACH FL 33435				81 Name EILEEN COLUMBO			
				82 Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FEDERAL HWY.			
				83			
				84 City BOYNTON BEACH FL 85 Zip Code 33435			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Eileen Columbo 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUIR, FERGUSON			1.2 NAME	YOUNG, FAYE		
STREET ADDRESS	460 HORIZONS W APT 201			1.3 STREET ADDRESS	320 HORIZONS WEST APT 108		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIANGRECO, CORRADO			2.2 NAME	MCCAFFERTY, MICHAEL		
STREET ADDRESS	620 HORIZONS W APT 208			2.3 STREET ADDRESS	650 HORIZONS EAST APT 201		
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLEARY, FRANCIS			3.2 NAME	PALLADINO, ANTHONY		
STREET ADDRESS	850 HORIZONS E APT 208			3.3 STREET ADDRESS	450 HORIZONS EAST APT 105		
CITY-ST-ZIP	BOYNTON BCH, FL 00000			3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, STANDISH			4.2 NAME	DE ROUSSE, KEN		
STREET ADDRESS	610 HORIZONS EAST #304			4.3 STREET ADDRESS	800 HORIZONS WEST APT 204		
CITY-ST-ZIP	BOYNTON BCH, FL 00000			4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHOFIELD, ADELE			5.2 NAME	VALINETTINE, BERNICE		
STREET ADDRESS	530 HORIZONS E			5.3 STREET ADDRESS	320 HORIZONS WEST APT 109		
CITY-ST-ZIP	BOYNTON BCH, FL			5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAREN, BEVERLY			6.2 NAME	HIETANEN, ROBERT		
STREET ADDRESS	660 HORIZONS WEST APT 208			6.3 STREET ADDRESS	530 HORIZONS EAST APT 112		
CITY-ST-ZIP	BOYNTON BCH FL			6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] 4/15/97 561-232-4155

CR2E037 (9/96)