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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709785

1. Corporation Name

STERLING VILLAGE CONDOMINIUM INC.

Principal Place of Business

**500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435**

Mailing Address

**500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/20/1965

4. FEI Number

59-1111572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**COLUMBO, EILEEN
500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MUIR, FERGUSON**
STREET ADDRESS **460 HORIZONS W APT 201**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **DVP** ☒ DELETE
NAME **GIANGRECO, CORRADO**
STREET ADDRESS **620 HORIZONS W APT 206**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ DELETE
NAME **SULLIVAN, MARY**
STREET ADDRESS **340 HORIZONS W APT 206**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **DS** ☒ DELETE
NAME **YOUNG, FAYE**
STREET ADDRESS **320 HORIZONS WEST APT. 108**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE **D** ☐ DELETE
NAME **DALY, JOHN**
STREET ADDRESS **210 HORIZONS EAST APT 107**
CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE **D** ☐ DELETE
NAME **PALLADINO, ANTHONY**
STREET ADDRESS **450 HORIZONS EAST APT. 105**
CITY-ST-ZIP **BOYNTON BCH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

Kenneth I. DeRousse

800 Horizons West Apt. 204

Boynton Beach, FL 33435

DT

Tom Healy

300 Horizons W. A 104; B.B. FL

DS

Eileen Skocik

350 Horizons East Apt. 208

Boynton Beach, FL 33435

D

Anthony Sirianni

210 Horizons East Apt 108

Boynton Beach, FL 33435

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

561-732-4155

Daytime Phone #

CR2E037 (11/98)