NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90019 024 ****61.25

DOCUMENT # 735347

1. Corporation Name

STIRLING VILLAS TOWNHOUSE CONDOMINIUM ASSOCIATIO N. INC.

Principal Place of Business

3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340

Mailing Address

3791 N. W. 78TH AVENUE HOLLYWOOD FL 33024-8340

2. Principal Place of Business		2a. Mailing Address			3. Date Incom 03/18/19	porated or Qualifed			
21									
Suite,-Apt	i.#, eto.	Suite Apt: #Feto:			FO 4005				lied For
22	·	27			59-1695	<u> </u>			Applicable
City & State City & State				5 Certificate	of Status Desired .	\$	8.75 A		
23		28			o. Certificato (Ji Otalda Dosirea :		Fee Rec	Juired
Zip	Country	Zip	Count	ry	6. Election Ca	ampaign Financing	п . ;	\$5.00 1	л ау Ве
24	25	29	30		Trust Fund	I Contribution	` ` `	Added to	Fees
	9. Name and Address of Currer			·····	10. Name and	Address of New Re	gistered Age	nt	
			8	1 Name					
PEONED & BOLLANOCE D V				4			1-2		
BECKER & POLIAKOFF, P.A.			. 8	82 Street Address (P.O. Box Number is Not Acceptable)					
ERMERALD LAKE CORPORATE PARK 3111 STIRLING RD.				3					
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FT. LAUDERDALE FL 33312-6525			8	84 City 85 Zip Code				ode	
	,		-		*		<u> </u>		
office or agent. I	at to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations of the section	of Florida, Such change was a	utnorizea n	v ine comon	ation's board of direc	tors. I hereby accept	the appointme	ent as reg	stered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Ag	ant signature requ	uired when reinstating)		DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS	CHANGES TO OFFI	CERS AND D	IRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE			- -		Change	. 🔲 Addition
NAME	LAIL, G. WAYNE		1.2 NAME	<u> </u>		•			
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STREET ADDRESS									
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NAME	BEDARD, PAUL		2.2 NAME	- 1					
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NAME	MERRA, MARIA		3.2 NAME					,	
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TITLE 11.	5 100,000	☐ DELETE	6.1 TITLE					Change	Addition
TITLE 11.		☐ DELETE					C] Change	Addition

6.4 CITY-ST-ZIP

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 DIRECTO.

Daytime Ph

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