

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90055 020 ****61.25

DOCUMENT # N96000000223

1. Corporation Name

STERLING PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1400 N.W. 107TH AVE.
MIAMI FL 33172

Mailing Address

1400 N.W. 107TH AVE.
MIAMI FL 33172



2. Principal Place of Business

21 9000 Sheridan St

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Pembroke Pines FL

Zip Country

24 33024 25 US

2a. Mailing Address

26 9000 Sheridan St

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Pembroke Pines FL

Zip Country

29 33024 30 US

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

65-0445305

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

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE, SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

Howard J. Zimmerman

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

c/o Zimmerman Management Services Inc

83

9000 Sheridan St Suite 100

84 City

Pembroke Pines

FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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

Howard J. Zimmerman

3/24/99

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 PD
NAME BLOOM, MILTON A
STREET ADDRESS 1400 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172 ☒ DELETE

TITLE DVST
NAME WILLIAMS, THOMAS B
STREET ADDRESS 1400 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL 33172 ☒ DELETE

TITLE D
NAME MUCH, MAX
STREET ADDRESS 16881 SW 1 MANOR
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

VPD

Pasteur, Tara
16810 SW 1 Manor
Pembroke Pines, FL 33027

PD

TD

Lorant, Ken
16860 SW 1 Manor
Pembroke Pines, FL 33027

SD

Trabada, Christina
16892 SW 1 Street
Pembroke Pines, FL 33027

VPD

O'Brien, Brian
16839 SW 1 Manor
Pembroke Pines, FL 33027

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

954) 431-7111

Date

Daytime Phone #

CR2E037 (11/98)