

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709785

1. Entity Name

STERLING VILLAGE CONDOMINIUM INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90169 039 \*\*\*\*61.25

Principal Place of Business

500 SOUTH FEDERAL HWY.  
BOYNTON BEACH FL 33435

Mailing Address

500 SOUTH FEDERAL HWY.  
BOYNTON BEACH FL 33435-4934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1111572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SIRIANNI, ANTHONY**  
CITY-ST-ZIP **210 HORIZONS EAST APT 108**  
**BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **SKOCIK, EILEEN**  
CITY-ST-ZIP **350 HORIZONS EAST APT 208**  
**BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)