

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90002 027 *****61.25

DOCUMENT # N96000000223

1. Entity Name

STERLING PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9000 SHERIDAN ST
STE 100
PEMBROKE PINES FL 33024

9000 SHERIDAN ST
STE 100
PEMBROKE PINES FL 33024

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

65-0445305

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

ZIMMERMAN, HOWARD J
C/O ZIMMERMAN MANAGEMENT SERVICES
9000 SHERIDAN ST- STE 100
PEMBROKE PINES FL 33024

Name **Mark Poffenbarger**
Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.
9000 Sheridan Street Suite 100
City **Pembroke Pines** FL Zip Code **33024**

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

Mark Poffenbarger, Property Manager

3/29/01

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 **TD**
STREET ADDRESS **LORANT, KEN**
CITY-ST-ZIP **16860 SW 1 MANOR**
PEMBROKE PINES FL 33027

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **Jaime Rodriguez**
CITY-ST-ZIP **16871 S.W. 1 Manor**
Pembroke Pines, FL 33027

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **MUCH, MAX**
CITY-ST-ZIP **16881 SW 1 MANOR**
PEMBROKE PINES FL 33027

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **Francisco Villareal**
CITY-ST-ZIP **16886 S.W. 1 Place**
Pembroke Pines, FL 33027

TITLE ☒ Delete
NAME **VPD**
STREET ADDRESS **PASTEUR, TARA**
CITY-ST-ZIP **16810 SW 1 MANOR**
PEMBROKE PINES FL 33027

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Pamela Lopez**
CITY-ST-ZIP **16899 S.W. 1 Manor**
Pembroke Pines, FL 33027

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **TRABADA, CHRISTINA**
CITY-ST-ZIP **16892 SW 1 MANOR**
PEMBROKE PINES FL 33027

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Lisanne Boyle**
CITY-ST-ZIP **16872 S.W. 1st Street**
Pembroke Pines, FL 33027

TITLE ☒ Delete
NAME **VPD**
STREET ADDRESS **O'BRIEN, BRIAN**
CITY-ST-ZIP **16839 SW 1 MANOR**
PEMBROKE PINES FL 33027

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF REGISTERED AGENT
Jaime Rodriguez 3/29/01

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/00)