2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 709785** 03-25-2002 90178 002 ****61.25 STERLING VILLAGE CONDOMINIUM INC. Mailing Address Principal Place of Business 50) SOUTH FEDERAL HWY. 500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1111572 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address COLUMBO, EILECH 500 SOUTH FEDERAL HWY. **BOYNTON BEACH FL 33435** 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 registered agent and title if applicable (NOTE: Begistered Agen The transfer to the second Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TITLE DP NAME NAME MUIR, FERGUSON STREET ADDRESS STREET ADDRESS 460 HORIZONS W APT 201 CITY-ST-ZIP CITY-ST-ZIF **BOYNTON BEACH FL** ☐ Delete TITLE ☐ Addition EDWINA TITLE DT NAME NAME BRYNES, ELENOR STREET ADDRESS STREET ADDRESS 850 HOUGONS E APT 210 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Delete TITLE Addition TITLE NAME NAME SULLIVAN, MARY STREET ADDRESS 200 HORIZONS STREET ADDRESS 340 HORIZONS W APT 206 CITY-ST-ZIP CITY-ST-7IP BOYNTON BCH, FL 00000 ☐ Change TITLE a 🗀 Deféte TITLE DS ATRICK NAME NAME SKOCIK, EILEEN 800 HORIZON STREET ADORESS STREET ADDRESS 350 HORIZONS EAST APT 208 CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33435** Delete TITLE TITLE n Muir, terguson 460 Horizons W. ARt. 201 NAME NAMÉ LYNCH, JAMES STREET ADDRESS STREET ADDRESS 610 HOUGONS E APT 311 CITY-ST-ZIP CITY-ST-ZIP Brynton Boh Fl **BOYNTON BCH. FL** Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME PALLADINO, ANTHONY STREET ADDRESS STREET ADDRESS 450 HORIZONS EAST APT. 105 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL**

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

address, with all other like empowered

changed, or on an attachment with

SIGNATURE: