


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 009 ****61.25

DOCUMENT # N96000000223	
1. Entity Name STERLING PLACE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 12505 ORANGE DR SUITE # 906 DAVIE, FL 33330	Mailing Address 12505 ORANGE DR SUITE # 906 DAVIE, FL 33330
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50032792



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03172005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0640862	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES INC. 12505 ORANGE DR. STE # 906 PEMBROKE PINES, FL 33024	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LORANT, KEN <input checked="" type="checkbox"/> Delete 16860 SW 1 MANOR PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUCH, MAX <input type="checkbox"/> Delete 16881 SW 1ST MANOR HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOPEZ, PAMELA <input type="checkbox"/> Delete 16899 SW 1 MANOR PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, BRIAN <input type="checkbox"/> Delete 16890 SW 1ST MANOR HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIQUEZ, JAIME <input type="checkbox"/> Delete 16871 SW 1ST MANOR HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____	3-21-05	Date	Daytime Phone #
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