## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 15, 2009 **DOCUMENT# 709785** Secretary of State

Entity Name: STERLING VILLAGE CONDOMINIUM INC.

**Current Principal Place of Business: New Principal Place of Business:** 

500 SOUTH FEDERAL HWY. BOYNTON BEACH, FL 33435

**Current Mailing Address: New Mailing Address:** 

500 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435

Address:

City-St-Zip:

FEI Number: 59-1111572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENEDETTO, PETER BACKER LAW FIRM PA

400 S DIXIE HIGHWAY STE 420 500 SOUTH FEDERAL HWY. BOYNTON BEACH, FL 33435 US BOCA RATON, FL 33432

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: KEITH F. BACKER 12/15/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition NUGENT, MARGARET Name: Name: 610 HORIZONS E.306 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: TROIANO, BERTHA Name: Address: 800 HORIZONS WEST APT 112 Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition TAMMARO, RICHARD Name: Name: 200 HORIZONS WEST, APT 212 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: DΡ () Delete Title: () Change () Addition Name: LYNCH, JAMES Name: 610 HORIZONS EAST APT 311 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BENEDETTO, FRED Name: Name: 610 HORIONS EAST APT 108 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition GIANGRECO, CORRADO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KEITH F. BACKER RΑ 12/15/2009

620 HORIZONS WEST APT 206

BOYNTON BEACH, FL 33435