

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709785

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**8114666193CC**

**Entity Name:** STERLING VILLAGE CONDOMINIUM INC.

**Current Principal Place of Business:**

500 SOUTH FEDERAL HWY.  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

SEACREST SERVICES  
2101 CENTREPARK W DR 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1111572

**Certificate of Status Desired:** No

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

BACKER LAW FIRM PA  
400 S DIXIE HIGHWAY STE 420  
BOCA RATON, FL 33432 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUONI, BONI "BUTCH"  
Address        450 HORIZONS E  
                  304  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            MATTHEWS, GARY  
Address        111 NORTH RIDGE ESTATES  
                  4  
City-State-Zip: TROY NY 12182

Title            TREASURER  
Name            NUGENT, MARGARET  
Address        610 HORIZONS E  
                  306  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            WIBLE, BONNIE  
Address        2617 W WOODWARD DR  
City-State-Zip: MUNCIE IN 47304

Title            DIRECTOR  
Name            COOPRIDER, EDMUND  
Address        340 HORIZONS W  
                  108  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            KEOGH, JOHN  
Address        620 HORIZONS W  
                  210  
City-State-Zip: BOYNTON BEACH FL 33435

*I hereby 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 all other like empowered.*

**SIGNATURE:** BONI "BUTCH" BUONI

**PRESIDENT**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date