

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709785

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC0830612613**

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

**Current Principal Place of Business:**

500 SOUTH FEDERAL HWY.  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

500 SOUTH FEDERAL HWY.  
BOYNTON BEACH, FL 33435

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

Title           SECRETARY  
Name           SHINN, JOAN M  
Address        350 HORIZONS EAST # 202  
City-State-Zip: BOYNTON BEACH FL 33435

Title           D  
Name           DUGGAN, RICHARD  
Address        740 HORIZONS WEST, APT 209  
City-State-Zip: BOYNTON BEACH FL 33435

Title           PRESIDENT  
Name           LYNCH, JAMES  
Address        610 HORIZONS EAST APT 311  
City-State-Zip: BOYNTON BEACH FL 33435

Title           VP  
Name           BENEDETTO, FRED  
Address        610 HORIONS EAST APT 108  
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:** JAMES LYNCH

**PRESIDENT**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date