

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002178

**Entity Name:** HOME OWNERS ASSOCIATION OF STERLING PARK, INC.**Current Principal Place of Business:**182 STERLING DR. NORTH  
LAKELAND, FL 33815**Current Mailing Address:**182 STERLING DR. NORTH  
LAKELAND, FL 33815 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EICKMEIR, ORBIN  
182 STERLING DR. NORTH  
LAKELAND, FL 33815 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:** ORBIN EICKMEIR

02/04/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EICKMEIR, ORBIN  
Address 182 STERLING DR. NORTH  
City-State-Zip: LAKELAND FL 33815

Title VP  
Name GROULEAU, NORMAN  
Address 260 LYNDOL  
City-State-Zip: LAKELAND FL 33815

Title T  
Name SYKORA, DORIS  
Address 99 LUCILLE ST.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name SPERRY, NELSON  
Address 134 STERLING EAST  
City-State-Zip: LAKELAND FL 33815

Title D  
Name NADOLNY, KAREN  
Address 30 RIVER CIRCLE  
City-State-Zip: LAKELAND FL 33815

Title S  
Name VIGNA, ARMAND  
Address 225 ESTHER ST.  
City-State-Zip: LAKELAND FL 33815

Title D  
Name KINDLEY, ALTA  
Address 191 BRIDGE BLVD.  
City-State-Zip: LAKELAND FL 33815

Title D  
Name GODFREY, PAUL  
Address 27 RIVER CIRCLE  
City-State-Zip: LAKELAND FL 33815

**Continues on page 2**

*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:** ARMAND VIGNA**SECRETARY**

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PP  
Name QUINTON, LARRY  
Address 286 LYNDOL  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name FOLKERTH, MARILYN  
Address 123 ARLENE  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name STACEY, FREDERICK  
Address 232 ESTHER  
City-State-Zip: LAKELAND FL 33815