| SIGNATURE | E: ORBIN EICKMEIR | | | 02/26/2013 | |
|-----------------|--|-----------------|--------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Dire | ctor Detail : | | | | |
| Title | Ρ | Title | VP | | |
| Name | EICKMEIR, ORBIN | Name | FULLER, CHARLES | | |
| Address | 182 STERLING DR. NORTH | Address | 188 BRIDGE BLVD | | |
| City-State-Zip: | LAKELAND FL 33815 | City-State-Zip: | LAKELAND FL 33815 | | |
| Title | т | Title | DIRECTOR | | |
| Name | SYKORA, DORIS | Name | FOULKS, RALPH | | |
| Address | 99 LUCILLE ST. | Address | 162 STERLING DRIVE NORTH | | |
| City-State-Zip: | LAKELAND FL 33815 | City-State-Zip: | LAKELAND FL 33815 | | |
| Title | D | Title | S | | |
| Name | NADOLNY, KAREN | Name | VIGNA, ARMAND | | |
| Address | 30 RIVER CIRCLE | Address | 225 ESTHER ST. | | |
| City-State-Zip: | LAKELAND FL 33815 | City-State-Zip: | LAKELAND FL 33815 | | |
| Title | D | Title | D | | |
| Name | KINDLEY, ALTA | Name | GROULEAU, NORMAN | | |
| Address | 191 BRIDGE BLVD. | Address | 260 LYNDOL | | |
| City-State-Zip: | LAKELAND FL 33815 | City-State-Zip: | LAKELAND FL 33815 | | |

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300002178

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

Name and Address of Current Registered Agent:

EICKMEIR, ORBIN 182 STERLING DR. NORTH LAKELAND, FL 33815 US

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

02/26/2013

Electronic Signature of Signing Officer/Director Detail

FILED Feb 26, 2013 Secretary of State CC1700316747

Certificate of Status Desired: No

Officer/Director Detail Continued :

| Title | D | Title | D |
|-----------------|-------------------|-----------------|-------------------|
| Name | COLE, DAVID | Name | SOTIRIOU, TOM |
| Address | 5 BRIDGE BLVD. | Address | 214 ESTHER ST. |
| City-State-Zip: | LAKELAND FL 33815 | City-State-Zip: | LAKELAND FL 33815 |
| T :0. | | | |
| Title | PP | | |

NameQUINTON, LARRYAddress286 LYNDOLCity-State-Zip:LAKELAND FL 33815