

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

DOCUMENT# N03000002178

**Entity Name:** HOME OWNERS ASSOCIATION OF STERLING PARK, INC.**Current Principal Place of Business:**135 STERLING DR E.  
LAKELAND, FL 33815**Current Mailing Address:**135 STERLING DR E.  
LAKELAND, FL 33815 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMETRE, SHARRY K TREASURER  
135 STERLING DR E.  
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:** SHARRY DEMETRE

03/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           FOLKERTH, MARILYN  
Address        204 ESTHER ST  
City-State-Zip: LAKELAND FL 33815

Title            T, TREASURER  
Name           DEMETRE, SHARRY  
Address        135 STERLING DR E.  
City-State-Zip: LAKELAND FL 33815

Title            D  
Name           REICHERT, KEN D  
Address        44 RIVER TRIANGLE  
City-State-Zip: LAKELAND FL 33815

Title            D  
Name           YON, GAIL  
Address        315 STERLING DR. W.  
City-State-Zip: LAKELAND FL 33815

Title            D  
Name           PETTEN, LILY  
Address        40 RIVER CIRCLE  
City-State-Zip: LAKELAND FL 33815

Title            DIRECTOR  
Name           GODFREY, PAUL  
Address        22 RIVER CIRCLE  
City-State-Zip: LAKELAND FL 33815

Title            DIRECTOR  
Name           SAULS-DAGG, CHERYL  
Address        171 STERLING N.  
City-State-Zip: LAKELAND FL 33815

Title            VP  
Name           ADKINS, KEITH  
Address        15 RENEE  
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:** SHARRY DEMETRE

TREASURER

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name STACEY, FRED  
Address 232 ESTER ST  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name HARP, MAURICE  
Address 91LUCILLE ST  
City-State-Zip: LAKELAND FL 33815