

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007053

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**7389686294CC**

**Entity Name:** STERLING MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

375 DOUGLAS AVENUE  
STE 1005  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

375 DOUGLAS AVENUE  
SUITE 1005  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 55-0914134**

**Certificate of Status Desired: No**

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

G&P ASSOCIATION SERVICES LLC  
375 DOUGLAS AVENUE  
STE 1005  
ALTAMONTE SPRINGS, FL 32714 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            SECRETARY  
Name            KASSA, CYNTHIA  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TREASURER  
Name            MARTINEZ, MELVIN  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            PRESIDENT  
Name            MILANES, ANTONIO  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            JEFCOAT, MIA  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            BRENNER, HOWARD  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: ANTONIO MILANES**

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date