

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007053

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC9236872965**

**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 P  
Name NELSON, RACHEL  
Address 375 DOUGLAS AVENUE  
SUITE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name CROMER, KAELA  
Address 375 DOUGLAS AVENUE  
SUITE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name CERONE, THOMAS  
Address 375 DOUGLAS AVENUE  
SUITE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name JENSEN, DAVID  
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:** RACHEL NELSON

**PRESIDENT**

**01/20/2017**

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

\_\_\_\_\_  
Date