

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007053

**FILED  
Apr 20, 2018  
Secretary of State  
CC1303406535**

**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           DIRECTOR  
Name           KASSA, CYNTHIA  
Address        375 DOUGLAS AVENUE  
                  STE 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title           DIRECTOR  
Name           RANNELLS, MARVIN  
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: JAMES RISH**

**PRESIDENT**

**04/20/2018**

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

\_\_\_\_\_  
Date