

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006698

**Entity Name:** STERLING RANCH HOMEOWNERS ASSOCIATION, INC.,

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US

**FEI Number:** 36-4825460

**Certificate of Status Desired:** No

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

GLAZER AND SACHS, PA  
3113 STIRLING ROAD  
SUITE 201  
FORT LAUDERDALE, FL 33312 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:** ERIC GLAZER, PRESIDENT

03/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THARPE, CHARLES RAY  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            BIEBERACH, CARMEN  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER  
Name            BERMAN, THOMAS  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            LEON, ILEANA  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            TESTA, KIMBERLY  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

*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:** CHARLES RAY THARPE

PRESIDENT

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date