2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14666

Entity Name: STIRLING LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1941 N.W. 150TH AVE. C/O LANDMARK MANAGEMENT SERVICES, INC. PEMBROKE PINES, FL 33028

Current Mailing Address:

1941 N.W. 150TH AVE. C/O LANDMARK MANAGEMENT SERVICES, INC. PEMBROKE PINES, FL 33028 US

FEI Number: 59-2698302

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 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

Officer/Director Detail :

Title	D	Title	SD
Name	DEFORD, RICHARD	Name	BORGESE, CATHY
Name		Name	BORGESE, CATHI
Address	1941 N.W. 150TH AVE.	Address	1941 N.W. 150TH AVE.
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	PD	Title	D
Name	DANIEL, SHARON	Name	MARKS, SEYMOUR
Address	1941 N.W. 150TH AVE.	Address	1941 N.W. 150TH AVE.
City-State-Zip:	PEMBROKE PINES FL 33028		C/O LANDMARK MANAGEMENT SERVICES, INC.
		City-State-Zip:	PEMBROKE PINES FL 33028
Title	VPD		
Name	PACHECO, GAIL	Title	TD
Address	1941 N.W. 150TH AVE.	Name	KINNANE, MARY
City-State-Zip:	PEMBROKE PINES FL 33028	Address	1941 N.W. 150TH AVE.
		City-State-Zip:	PEMBROKE PINES FL 33028
Title	DIRECTOR		
Name	AMIR, ZIVA		
Address	1941 N.W. 150TH AVE. C/O LANDMARK MANAGEMENT		

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: SHARON DANIEL

City-State-Zip:

SERVICES, INC.

PEMBROKE PINES FL 33028

PRESIDENT

03/06/2013

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date