

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37721

**Entity Name:** STIRLING POINTE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC3942586910**

**Current Principal Place of Business:**

4350 OAKES ROAD  
SUITE 516  
DAVIE, FL 33314

**Current Mailing Address:**

4350 OAKES ROAD  
SUITE 516  
DAVIE, FL 33314 US

**FEI Number: 65-0206075**

**Certificate of Status Desired: No**

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

KAYE & BENDER, PL  
1200 PARK CENTRAL BOULEVARD  
POMPANO BEACH, FL 33064 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 PD  
Name GOODWIN, GERRY  
Address 4197 N.W. 76TH AVENUE  
City-State-Zip: DAVIE FL 33024

Title SECR  
Name SAN JUAN, FRANK  
Address 4213 NW 76 AVENUE  
City-State-Zip: DAVIE FL 33024

Title VP  
Name GARCIA, OLGA  
Address 4239 NW 76TH AVENUE  
City-State-Zip: DAVIE FL 33314

Title TREA  
Name MCCAMBRIDGE, DAVE  
Address 4215 NW 76 AVENUE  
City-State-Zip: DAVIE FL 33024

Title D  
Name MILLER, CHRIS  
Address 4295 NW 76TH AVENUE  
City-State-Zip: DAVIE FL 33024

*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: GERRY GOODWIN**

**PRESIDENT**

**02/26/2014**

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

\_\_\_\_\_  
Date