

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002203

**FILED**  
**Feb 26, 2021**  
**Secretary of State**  
**6278031967CC**

**Entity Name:** ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1145 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

MIAMI MANAGEMENT, INC.  
P.O. BOX 36307  
CHARLOTTE, NC 28236 US

**FEI Number:** 65-0424844

**Certificate of Status Desired:** No

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

SHIR LAW GROUP PA  
2295 N.W. CORPORATE LVD.  
SUITE 140  
BOCA RATON, FL 33431 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 DP  
Name ENGELER, RALPH  
Address 1145 SAWGRASS CORP. PKWY  
City-State-Zip: SUNRISE FL 33323

Title DT  
Name DORN, CRAIG  
Address 1145 SAWGRASS CORP. PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name CHALLACOMBE, WESELY  
Address 1145 SAWGRASS CORP. PKWY  
City-State-Zip: SUNRISE FL 33323

Title DS  
Name KRAJSA, GEORGE  
Address 1145 SAWGRASS CORP. PKWY  
City-State-Zip: SUNRISE FL 33323

Title DVP  
Name MENDIETA, EMILY  
Address 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:** RALPH ENGELER

**PRESIDENT**

**02/26/2021**

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

\_\_\_\_\_  
Date