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

DOCUMENT# N93000002203

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

**FILED** Mar 01, 2023

**Secretary of State** 

3085530059CC

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** ENGELER, RALPH DORN, CRAIG Name Name

Address 1145 SAWGRASS CORP. PKWY Address 1145 SAWGRASS CORP. PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title **SECRETARY** Title DIRECTOR

Name KRAJSA, GEORGE LOWEN, SCOTT Name

Address 1145 SAWGRASS CORP. PKWY 1145 SAWGRASS CORP. PKWY Address

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

VΡ Title

Name MENDIETA, EMILY

Address 1145 SAWGRASS CORP. PKWY

SUNRISE FL 33323 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/01/2023