2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002203

Entity Name: ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION,

INC.

Jan 12, 2018 Secretary of State CC6330591909

FILED

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 1800 NW CORPORATE BLVD SUITE 200 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 Title DT

Name ENGELER, RALPH Name DORN, CRAIG

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

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

Title D Title DVP

Name CHALLACOMBE, WESELY Name JOFFRION, LORRAINE

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

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

Title DS Title DIRECTOR

Name KRAJSA, GEORGE Name MENDIETA, EMILY

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

City-State-Zip: SUNRISE FL 33323 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

01/12/2018