## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002203

Entity Name: ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION,

INC.

Jan 28, 2015 Secretary of State CC5711818064

**FILED** 

## **Current Principal Place of Business:**

1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323

## **Current Mailing Address:**

1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323

FEI Number: 65-0424844 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324 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 DVP

Name ENGELER, RALPH 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 DT Title DS

Name DORN, CRAIG Name KRAJSA, GEORGE

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

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

Title D

Name CHALLACOMBE, WESELY
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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/28/2015