#### 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.

PRESIDENT

#### SIGNATURE: JOANNA ZAMBRANO

#### DOCUMENT# N9600000223

### Entity Name: STERLING PLACE HOMEOWNERS' ASSOCIATION, INC.

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

13790 NW 4TH STREET SUITE # 107 SUNRISE, FL 33325

# **Current Mailing Address:**

13790 NW 4TH STREET SUITE # 107 SUNRISE, FL 33325 US

# FEI Number: 65-0640862

### Name and Address of Current Registered Agent:

COHEN, STEVEN REED P.A. 5599 S UNIVERSITY DRIVE SUITE 303 DAVIE, FL 33328 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

#### Officer/Director Detail

City-State-Zip: SUNRISE FL 33325

Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	ZAMBRANO, JOANNA	Name	FONESCA, OLGA
Address	13790 NW 4TH STREET SUITE # 107	Address	13790 NW 4TH STREET SUITE 107
City-State-Zip:	SUNRISE FL 33325	City-State-Zip:	SUNRISE FL 33325
Title	SECRETARY		
Name	TRINIDAD-ARANA, TERESA		
Address	13790 NW 4TH STREET SUITE 107		

Electronic Signature of Signing Officer/Director Detail

## FILED Jan 22, 2015 Secretary of State CC9290447569

Certificate of Status Desired: No

01/22/2015

Date