

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000223

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

**Current Principal Place of Business:**

13794 NW 4TH STREET  
SUITE # 208  
SUNRISE , FL 33325

**Current Mailing Address:**

13794 NW 4TH STREET  
SUITE # 208  
SUNRISE, FL 33325 US

**FEI Number:** 65-0640862

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAMBRANO, JOANNA  
Address        13794 NW 4TH STREET  
                 SUITE # 208  
City-State-Zip: SUNRISE FL 33325

Title            SECRETARY  
Name            FONESCA, OLGA  
Address        13794 NW 4TH STREET  
                 SUITE 208  
City-State-Zip: SUNRISE FL 33325

Title            TREASURER  
Name            MORGAN, JOAN  
Address        13794 NW 4TH STREET  
                 SUITE 208  
City-State-Zip: SUNRISE FL 33325

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:** JOANNA ZAMBRANO

**PRESIDENT**

**04/28/2017**

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

\_\_\_\_\_  
Date