

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # 709785 (0)

1. Corporation Name

STERLING VILLAGE CONDOMINIUM INC.

Principal Place of Business

500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435

Mailing Address

500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1965

3a. Date of Last Report
06/21/1994

4. FEI Number
59-1111572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANDLER, FRIEDA
500 S. FEDERAL HWY.
BOYNTON BEACH FL 33435

81 Name

MARTINS, LILLY

82 Street Address (P.O. Box Number is Not Acceptable)

500 S. FEDERAL HWY

83

BOYNTON BEACH

84 City

FL

85 Zip Code

33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lilly Martins

(NOTE: Registered Agent signature required when reinstating)

5-1-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME T. GUSON, MUIR
STREET ADDRESS 480 HORIZONS, APARTMENT 201
CITY - ST - ZIP BOYNTON BEACH FL

11 TITLE DP ☒ Change ☒ Addition
12 NAME HAREN, BEVERLY
13 STREET ADDRESS 660 Horizons W.
14 CITY - ST - ZIP

TITLE D
NAME KOLA, JOHN
STREET ADDRESS 450 HORIZON E
CITY - ST - ZIP BOYNTON BCH, FL 00900

21 TITLE DVP ☒ Change ☐ Addition
22 NAME MC CAFFERTY, MICHAEL
23 STREET ADDRESS 650 Horizons E.
24 CITY - ST - ZIP

TITLE D
NAME DAVIS, WILLIAM
STREET ADDRESS 240 HORIZON W #105
CITY - ST - ZIP BOYNTON BCH, FL 00000

31 TITLE DT ☒ Change ☐ Addition
32 NAME KOZAK, FRANK
33 STREET ADDRESS 370 Horizons E.
34 CITY - ST - ZIP

TITLE DP
NAME ALLEN, STANDISH
STREET ADDRESS 810 HORIZONS EAST #304
CITY - ST - ZIP BOYNTON BCH, FL 00000

41 TITLE D ☒ Change ☒ Addition
42 NAME PALLADINO, TONY
43 STREET ADDRESS 450 Horizons E.
44 CITY - ST - ZIP

TITLE D
NAME BRESLIN, DELENE
STREET ADDRESS 450 HORIZONS EAST #208
CITY - ST - ZIP BOYNTON BCH, FL

51 TITLE D ☐ Change ☐ Addition
52 NAME SCHOFIELD, ADELE
53 STREET ADDRESS 530 Horizons E
54 CITY - ST - ZIP

TITLE DT
NAME ARNOLD, ROBERT
STREET ADDRESS 480 HORIZONS W #101
CITY - ST - ZIP BOYNTON BCH FL

61 TITLE D ☐ Change ☐ Addition
62 NAME CLEARY, FRANCES
63 STREET ADDRESS 850 Horizons E.
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BEVERLY HAREN

Beverly Haren

Date

Daytime Phone #