2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90178 002 ****61.25

DOCUMENT # 709785

1. Entity Name

STERLING VILLAGE CONDOMINIUM INC.

Principal Place of Business	Mailing Address
500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435	500 SOUTH FEDERAL HWY. BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1111572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~COLUMBO, EILEEN~~
500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name PETER R BENEDETTO
Street Address (P.O. Box Number is Not Acceptable) 500 S. FEDERAL Highway
City BOYNTON BEACH FL Zip Code 33435

8. 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 Peter Benedetto Property Manager 3/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MUIR, FERGUSON 460 HORIZONS W APT 201 BOYNTON BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CORRADO GIANGRECO 600 HORIZONS WEST apt 206 BOYNTON BEACH FL 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRYNES, ELENOR 850 HOUGONS E APT 210 BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EDWINA MCDONALD 230 HORIZONS EAST APT 109 BOYNTON BEACH FL 33432	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, MARY 340 HORIZONS W APT 206 BOYNTON BCH. FL 00000	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD TAMMARO 200 HORIZONS WEST APT 212 BOYNTON BEACH FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SKOCIK, EILEEN 350 HORIZONS EAST APT 208 BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICK DOYLE 800 HORIZONS WEST Apt 211 BOYNTON BEACH. FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, JAMES 610 HOUGONS E APT 311 BOYNTON BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Muir, Ferguson 460 Horizons W. Apt. 201 Boynton Bch FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALLADINO, ANTHONY 450 HORIZONS EAST APT. 105 BOYNTON BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Corrado P. Giangreco 3-15-02 772-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #