## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

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## Mar 23, 2005 8:00 am **DOCUMENT # 709785 Secretary of State** 1. Entity Name 03-23-2005 90035 045 \*\*\*\*61.25 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** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-1111572 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENEDETTO, PETER Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FEDERAL HWY. **BOYNTON BEACH FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DT Delete TITLE **Change** ☐ Addition TITLE Tammaro, Richard Apt 212 GIANARECO, CORRADO NAME NAME 620 HORIZONS WEST, APT 206 STREET ADORESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP FL. 33435 Boynton Bch CITY-ST-ZIP DS ☐ Defete TITLE Addition TITLE TROIANO, BERTHA NAME Keane, Pierce NAME 610 Horizons West Apt 203 800 HORICONS EAST APT 112 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP Bch ☐ Change ☐ Addition TITLE Delete TITLE TAMMARO, RICHARD NAME NAME 200 HORIZONS WEST, APT 212 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE LYNCH, JAMES NAME NAME 610 HORIZONS EAST APT 311 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE BENEDETTO, FRED NAME NAME 6100 HORIONS EAST APT 108 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33435 CITY-ST-ZIP CITY-ST-7IP **X** Delete TOTLE ☐ Change ☐ Addition TITLE FRANK, CHARLES NAME 230 HORIZONS EAST APT 203 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-7IP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

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