

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90116 019 ****61.25

DOCUMENT # 709785

1. Entity 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**

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 **59-111572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENEDETTO, PETER
500 SOUTH FEDERAL HWY.
BOYNTON BEACH FL 33435**

Name

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

City

FL

Zip Code

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

Peter Benedetto

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **GIANARECO, CORRADO**
STREET ADDRESS **620 HORIZONS WEST, APT 206**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Charles Frank**
STREET ADDRESS **230 Horizons East Apt 203**
CITY-ST-ZIP **Boynton Beach FL 33435**

TITLE **DT** ☒ Delete
NAME **BRYNES, ELENOR**
STREET ADDRESS **850 HOUGONS E APT 210**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **DS** ☐ Change ☒ Addition
NAME **Bertha Troiano**
STREET ADDRESS **200 Horizons East APT 112**
CITY-ST-ZIP **Boynton Beach FL 33435**

TITLE **D** ☐ Delete
NAME **TAMMARO, RICHARD**
STREET ADDRESS **200 HORIZONS WEST, APT 212**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DT** ☒ Change ☐ Addition
NAME **James Lynch**
STREET ADDRESS **610 Horizons East APT 311**
CITY-ST-ZIP **Boynton Beach FL 33435**

TITLE **DS** ☒ Delete
NAME **MCDONALD, EDWINA**
STREET ADDRESS **230 HORIZONS EAST, APT 109**
CITY-ST-ZIP **BOYNTON BEACH FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **Patrick Doyle**
STREET ADDRESS **200 Horizons East APT 211**
CITY-ST-ZIP **Boynton Bch FL 33435**

TITLE **D** ☒ Delete
NAME **LYNCH, JAMES**
STREET ADDRESS **610 HOUGONS E APT 311**
CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Fred Benedetto**
STREET ADDRESS **610 Horizons East APT 108**
CITY-ST-ZIP **Boynton Bch FL 33435**

TITLE **D** ☐ Delete
NAME **PALLADINO, ANTHONY**
STREET ADDRESS **450 HORIZONS EAST APT. 105**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Muir Ferguson**
STREET ADDRESS **460 Horizons West APT 201**
CITY-ST-ZIP **Boynton Bch FL 33435**

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:

Peter Benedetto

3/12/03 561-732-4155

CR2E037 (10/02)