2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717988

FILED
Apr 24, 2007
Secretary of State

Entity Name: STERLING FIFTY-SIX, CONDOMINIUM ONE, INC.

Current Principal Place of Business:

5790 STIRLING ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5790 STIRLING ROAD
#206
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1291012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANLEY, BUMP O
5790 STIRLING ROAD
#210
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WARD, EUGENIA
Address: 5790 STIRLING RD. #314
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: VALDES, JANET L
Address: 5790 STIRLING RD. #206
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: ROCCO, DEBRA
Address: 5790 STIRLING RD #302
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: SINGER, MILLICENT
Address: 5790 STIRLING RD #306
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: STANLEY, BUMP
Address: 5790 STIRLING RD. #210
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VIGARINO, MIKE
Address: 5790 STIRLING RD. #114
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANET VALDES D 04/24/2007
Electronic Signature of Signing Officer or Director Date