


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 039 ****61.25

DOCUMENT # 718630

1. Entity Name
STERLING FIFTY-SIX CONDOMINIUM THREE, INC.



Principal Place of Business
**4106 N. 58TH AVE
 HOLLYWOOD, FL 33021**

Mailing Address
**6915 TAFT ST
 HOLLYWOOD, FL 33024**

40105762



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1352738

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**USA SERVICES
 6915 TAFT ST
 HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZANINI, BOB	
STREET ADDRESS	4100 N. 58 AVE #210	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FORBES, BRUCE	
STREET ADDRESS	4100 N. 58 AVE #106	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAVALIE, TANYA	
STREET ADDRESS	4100 N 58TH AVE #111	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MOBERMAN	
STREET ADDRESS	4100 N 58 AVE #309	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULINE FORBES	
STREET ADDRESS	4100 N 58 AVE #106	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA DOPLAWSKI	
STREET ADDRESS	4100 N 58 AVE #301	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN ZANNINI	
STREET ADDRESS	4100 N 58 AVE #210	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE *Maureen Zannini* 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #