

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723363

FILED
Mar 19, 2009
Secretary of State

Entity Name: STERLING PARK HOUSING ASSOCIATION, INC

Current Principal Place of Business:

160 WEST EVERGREEN AVE., STE. 271
LONGWOOD, FL 327505271

New Principal Place of Business:

160 WEST EVERGREEN AVE.
STE. 271
LONGWOOD, FL 32750 US

Current Mailing Address:

160 WEST EVERGREEN AVE., STE. 271
LONGWOOD, FL 327505271

New Mailing Address:

160 WEST EVERGREEN AVE.
STE. 271
LONGWOOD, FL 327505271 US

FEI Number: 59-1446071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC
160 WEST EVERGREEN AVE., STE. 271
LONGWOOD, FL 327505271 US

Name and Address of New Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC
160 WEST EVERGREEN AVE.
STE. 271
LONGWOOD, FL 327505271 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WALKER, JOHNNIE
Address: 201 QUAIL CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: DS () Delete
Name: BROWN, TERRI
Address: 134 FAIRWAY TEN
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: COMPTON, DAVE
Address: 205 QUAIL CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: FRASER, KEVIN
Address: 486 EAGLE CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: DP () Delete
Name: LAKEY, ANNE
Address: 637 SWALLOW DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DT () Delete
Name: STALTERI, ROBERTA
Address: 117 FAIRWAY TEN DR.
City-St-Zip: CASSELBERRY, FL 32707

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANNE LAKEY

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date