2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738911

FILED Apr 08, 2009 Secretary of State

Entity Name: STIRLING SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

KATHY YAHYA 5628 S. W. 103 AVE

5670 SW 103 AVENUE COOPER CITY, FL 33328 US COOPER CITY, FL 33328 US

New Mailing Address: Current Mailing Address:

KATHY YAHYA 5628 S. W. 103 AVE

5670 SW 103 AVENUE COOPER CITY, FL 33328 US COOPER CITY, FL 33328 US

FEI Number: 59-1964337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YAHYA, KATHY SHARPE, DR

5670 SW 103 AVENUE 5628 SW 103 AVENUE US

COOPER CITY, FL 33328 COOPER CITY, FL 33328 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: D. R. SHARPE 04/08/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CHU, DEBBIE ATHAS, DEBBIE Name: Name: 1078 SW 56 ST Address: 10254 SW 56 ST Address:

City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: COOPER CITY, FL 33328

Title: TD Title: (X) Change () Addition () Delete YAHYA, KATHY Name: BARNETT, DORTHY Name:

Address: 5670 SW 103 AVENUE Address: 5642 SW 103 AVENUE City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: COOPER CITY, FL 33328

Title: VPD () Delete Title: **VPD** (X) Change () Addition

CAZAS, PETE BORRELLI, VITO Name: Name: 10014 SW 56 ST. 10229 S. W. 57TH COURT Address: Address:

City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: COOPER CITY, FL 33328

Title: PD () Delete Title: () Change () Addition Name:

SHARPE, DICK Name: Address: 5628 SW 103 AVE Address: City-St-Zip: COOPER CITY, FL 33328 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: D. R. SHARPE PD 04/08/2009