

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749530

FILED
Apr 07, 2009
Secretary of State

Entity Name: STERLING HOUSE OF MELBOURNE BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6305 S. AIA HIGHWAY
MELBOURNE BCH, FL 32951

New Principal Place of Business:

Current Mailing Address:

100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-2266478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY S
2500 N MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 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: S () Delete
Name: ARNETT, IRA
Address: 6309 S. A1A HWY # 363
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PD () Delete
Name: TURNER, LEOLA
Address: 6305 HWY A1A, #153
City-St-Zip: MELBOURNE BEACH, FL

Title: VP () Delete
Name: WALLACE, POWELL
Address: 6307 S HWY AIA #252
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T () Delete
Name: ARBET, THEDORA
Address: 6309 S. A1A HWY # 333
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: BARMASHI, GEORGE
Address: 6307 S. A1A HWY # 231
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: TURNER, LEOLA
Address: 6305 HWY A1A, #153
City-St-Zip: MELBOURNE BEACH, FL

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: IRA ARNETT

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date