

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05 APR 26 AM 10:06

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 766764

1. Entity Name
**STERLING SQUARE CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2195 S COMBEE RD
LAKELAND, FL 33801 US**

Mailing Address
**P.O. BOX 1591
EATON PARK, FL 33840**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2328317

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, STEPHEN C ESQ
101 S FLORID AVE
LAKELAND, FL 33802**

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.

000054233220
05/10/05--01094--007 **\$1.25

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
HOLTON, SHEILA J
P.O. BOX 1591
EATON PARK, FL 33840 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
SCOTT JOHNSON
2187 S. COMBEE RD.
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
DANIELS, CHIP D
PO BOX 1591
EATON PARK, FL 33840 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
CHIP D. DANIELS
P.O. Box 1591
EATON PARK, FL 33840 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SEREBRIN, IRA
2109 S COMBEE ROAD S
LAKELAND, FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
IRA SEREBRIN
2109 S Combee Rd. S.
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
JOHNSON, SCOTT
2187 S COMBER RD
LAKELAND, FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ED KIRK
2011 S combee Rd.
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
KIRK, ED
2011 S COMBEE RD
LAKELAND, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MECSE, RATHLEY
2171 S. Combee Rd.
LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOLTON, SHEILA J
2163 S COMBEE RD
LAKELAND, FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: James Daniels (Chip) 4-14-05 863-666-2692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #