


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE	
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04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2328317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, STEPHEN C ESQ 101 S FLORID AVE LAKELAND, FL 33802
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHNSON, SCOTT 2187 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DANIELS, CHIP D PO BOX 1591 EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEREBRIN, IRA 2109 S COMBEE RD S LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, ED 2011 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATLEY, MEESE 2171 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Scott Johnson SCOTT JOHNSON 4-19-06 863-669-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #