

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000861

FILED
Apr 13, 2009
Secretary of State

Entity Name: STERLING MANOR AT BRIGHTON BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3657584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: KAPPES, ROBERT
Address: 624 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: TSD () Delete
Name: STORK, BETH
Address: 720 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: PD () Delete
Name: LONG, JAMES
Address: 595 SOMERHILL DR NE
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAPPES, RON
Address: 624 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: VPD (X) Change () Addition
Name: STORK, BETH
Address: 720 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: TSD (X) Change () Addition
Name: HURLBURT, CHRIS
Address: 716 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

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: RON KAPPES

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date