

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # N0300007872  1. Entity Name FERN GLEN HOMEOWNERS ASSOCIATION, INC.					~	03-31-200	_	047 ****61	1.25
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Principal Place of Business STERLING MGMT. SVCS STERLING MGMT. SVCS 2870 SCHERER DR N. STE 100 SAINT PETERSBURG, FL 33716 SAINT PETERSBURG, FL 33716						2188   HIT   BEN CON			1/12/ 61 (60)
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number 20-0232			1	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desire	ed 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered	i Agent	
COTTERIL	I RON		Name						
COTTERILL, RON 1010 N. FLORIDA AVE TAMPA. FL 33602				Address (I	P.O. Box Numbe	is Not Accept	table)		
			City				F	L Zip Cod	le
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office o	r register	ed agent, or both	i, in the State o	of Florida. I ar	n familiar with,	and accept
SIGNATURE .	t.								
1	Classifies hared or orioted name of recurrent agent	and take a engine the INOTE	· Decretered Agent sizes	tura required	Luibeo ceinetation)		DATE		•
	Signature, typed or printed name of registered agent		: Registered Agent signa	ture required			DATE Make che	· · · · ·	0
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	paign Financing ontribution,		\$5.00 May Be Added to Fees		Make che Florida Dep	ck payable t artment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIS	9. Election Carr Trust Fund C	npaign Financing ontribution.		\$5.00 May Be		Make che Florida Dep	ck payable tertment of S	tate V 10
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inclinated on this report or supplied with this tiling does not quality 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 early, 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: Jamy H	3-19-68	
SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #	