

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007872

FILED
Apr 20, 2009
Secretary of State

Entity Name: FERN GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MGMT. SVCS
2870 SCHERER DR N. STE 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

2870 SCHERER DR. N
SUITE 100
SAINT PETERSBURG, FL 33716

Current Mailing Address:

STERLING MGMT. SVCS
2870 SCHERER DR N. STE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

2870 SCHERER DR. N
SUITE 100
SAINT PETERSBURG, FL 33716

FEI Number: 20-0232645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N. FLORIDA AVE
TAMPA, FL 33602 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: D () Delete
Name: GIBBS, RON
Address: 19043 FERN MEADOW LP
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: SMITH, SCOTT
Address: 19109 FERN MEADOW LP
City-St-Zip: LUTZ, FL 33558

Title: T () Delete
Name: LEWIS, MIKE
Address: 19117 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: ABDUL, VERNON
Address: 19026 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: P () Delete
Name: HARLEY, TAMMY
Address: 19009 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: WHEATON, NEIL
Address: 19029 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GIBBS, RON
Address: 19043 FERN MEADOW LP
City-St-Zip: LUTZ, FL 33558

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

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

Title: D (X) Change () Addition
Name: DILLARD, JAMES
Address: 19137 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

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: NICHOLAS KARISTINOS

LCAM

04/20/2009

Electronic Signature of Signing Officer or Director

Date