## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # N04000006410** 04-11-2007 90024 045 \*\*\*\*61.25 STERLING TOWER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 100 ALBANY AVE. P O BOX 2393 40056400 SUITE 300 STUART, FL 34995 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-NP CR2E037 (12/06) City & State City & State FEI Number 20-1318811 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA COMMERCIAL Street Address (P.O. Box Number is Not Acceptable) ATTN: ALEX AYDELOTTEVE 729 COLORADO AVE STUART, FL 34994 Zip Code City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. nne Delete TITLE ☐ Change Addition BERTHIAUME, ROBERT F JR. NAME NAME STREET ADDRESS 100 ALBANY AVENUE, SUTE 300 STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition TITLE ZARRO, PASQUALE G MALAF NAME STREET ADORESS 100 ALBANY AVENUE, SUTE 300 STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete ■ Addition TITLE RICH CHAPMAN SABIN, CHARLES H 35 SE BEECH TREE LANE NAME NAME STREET ADDRESS 3500 S.W. CORPORATE PARKWAY STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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 any laddress, with all other like empowered. SIGNATURE: E AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR RIGNATUR

FILED