

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2008 8:00 am
Secretary of State**

04-18-2008 90050 008 ****61.25

DOCUMENT # N04000006410

1. Entity Name
STERLING TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
100 ALBANY AVE.
SUITE 300
STUART, FL 34994

Mailing Address
P O BOX 2393
STUART, FL 34995

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1318811	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA COMMERCIAL
ATTN: ALEX AYDELOTTEVE
729 COLORADO AVE
STUART, FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE PD
NAME BERTHIAUME, ROBERT F JR.
STREET ADDRESS 100 ALBANY AVENUE, SUITE 300
CITY-ST-ZIP STUART, FL 34994

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VD
NAME ZARRO, PASQUALE G
STREET ADDRESS 100 ALBANY AVENUE, SUITE 300
CITY-ST-ZIP STUART, FL 34994

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE STD
NAME CHAPMAN, RICH
STREET ADDRESS 35 SE BEECH TREE LANE
CITY-ST-ZIP STUART, FL 34994

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08 772-223-3646
Date Daytime Phone #