

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000007998

1. Entity Name
STIRLING PLACE MERCHANT ASSOCIATION, INC.



Principal Place of Business
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319

Mailing Address
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 012 ****61.25



02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1493737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANOURA, MICHAEL J
6827 W COMMERCIAL BLVD
TAMARAC, FL 33319

#5250

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IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANOURA, MICHAEL J
STREET ADDRESS	6827 W COMMERCIAL BLVD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	EPSTEIN, ED
STREET ADDRESS	6860 STIRLING ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	LEVY, RITA S
STREET ADDRESS	6831 STIRLING ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	YODER, JACQUELINE S
STREET ADDRESS	6835 STIRLING ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	KAPLAN, BRYAN
STREET ADDRESS	6700 STIRLING ROAD
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	SABOTKA, AL
STREET ADDRESS	6795 STIRLING ROAD
CITY-ST-ZIP	DAVIE, FL 33314

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IN THIS SPACE**

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

Date

Daytime Phone #