


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

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007998</b> 1. Entity Name STIRLING PLACE MERCHANT ASSOCIATION, INC.	
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Principal Place of Business 6827 W COMMERCIAL BLVD TAMARAC, FL 33319	Mailing Address 6827 W COMMERCIAL BLVD TAMARAC, FL 33319
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1493737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JANOURA, MICHAEL J 6827 W COMMERCIAL BLVD TAMARAC, FL 33319
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**DO NOT WRITE  
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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOURA, MICHAEL J 6827 W COMMERCIAL BLVD TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, JACQUELINE S 6835 STIRLING ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOTKA, AL 6795 STIRLING ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000687214  
04/10/07-80032-008 61.25

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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:** \_\_\_\_\_ **3-26-07** **(954) 721-9190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #