# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# N05000000783

**Entity Name:** STERLING TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7333 CORAL WAY
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7333 CORAL WAY
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, NEIL
7333 CORAL WAY
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

DAVIDE, SALVATORE
7333 CORAL WAY
MIAMI, FL 33155 US

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: SALVATORE DAVIDE 04/22/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: ROGERS, NEIL
Address: 7333 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: DV ( ) Delete
Name: DAVIDE, SALVATORE
Address: 7333 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: DST (X) Delete
Name: RODRIGUEZ, LUIS JR
Address: 7333 CORAL WAY
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition
Name: DAVIDE, SALVATORE
Address: 7333 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: DST (X) Change ( ) Addition
Name: RODRIGUEZ, LUIS
Address: 7333 CORAL WAY
City-St-Zip: MIAMI, FL 33155

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: SALVATORE DAVIDE DV 04/22/2009
Electronic Signature of Signing Officer or Director Date