

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012033

FILED
Apr 30, 2008
Secretary of State

Entity Name: STERNON PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

950 S. WINTER PARK DRIVE
SUITE 305
CASSELBERRY, FL 32707

New Principal Place of Business:

1073 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32707

Current Mailing Address:

950 S. WINTER PARK DRIVE
SUITE 305
CASSELBERRY, FL 32707

New Mailing Address:

520 N SEMORAN BLVD
SUITE 222
ORLANDO, FL 32807

FEI Number: 20-3872689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIN, SUYAPA E
950 S. WINTER PARK DRIVE
SUITE 305
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

BROWN, NADINE
1073 WILLA SPRINGS DRIVE
SUITE 2053
WINTER SPRINGS, FL 32707 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: NADINE BROWN

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NALWALLA, HUSSAINI F
Address: 950 S. WINTER PARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: WEIN, SUYAPA E
Address: 950 S. WINTER PARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: SCLIPOS, LUDMILA
Address: 950 S. WINTER PARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, NADINE
Address: 1073 WILLA SPRINGS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32707

Title: VD (X) Change () Addition
Name: RIPPLE, CRAIG
Address: 1073 WILLA SPRINGS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32707

Title: STD (X) Change () Addition
Name: MCCURDY, SCOTT
Address: 1073 WILLA SPRINGS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32807

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: NADINE BROWN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date