2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N06000004439

Entity Name: STIRLING CENTER 13 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3002 CEDORA TERRACE
SEBRING, FL 33870 US

New Principal Place of Business:

4249 RUSTIC PINE PLACE
WESLEY CHAPEL, FL 33544 US

Current Mailing Address:

3002 CEDORA TERRACE
SEBRING, FL 33870 US

New Mailing Address:

4249 RUSTIC PINE PLACE
WESLEY CHAPEL, FL 33544 US

FEI Number: 20-3420052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIPPE, DAVID J
3002 CEDORA TERRACE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

RIPPE, DAVID J
4249 RUSTIC PINE PLACE
WESLEY CHAPEL, FL 33544 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: DAVID J. RIPPE 03/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANSARA, MAHA
Address: 2500 W LAKE MARY BLVD., #206
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: EL SAKKA, MONA
Address: 1150 GREENSTONE BLVD., STE 204
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: RIPPE, DAVID J
Address: 3002 CEDORA TERRACE
City-St-Zip: SEBRING, FL 33870 US

Title: D ( ) Delete
Name: RIPPE, JOAN
Address: 6828 SWEETWOOD COURT
City-St-Zip: FORT WAYNE, IN 46816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RIPPE, DAVID J
Address: 4249 RUSTIC PINE PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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: DAVID J. RIPPE VP 03/01/2009
Electronic Signature of Signing Officer or Director Date