## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FEI Number Applied For ( )

Electronic Signature of Registered Agent

## DOCUMENT# N06000006698

**Current Principal Place of Business:** 

Name and Address of Current Registered Agent:

() Delete

() Delete

() Delete

98331 DEL WEBB PKWY #1306

5210 BELFORT RD STE 400

JACKSONVILLE, FL 32256

5210 BELFORT RD STE 400

JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

9039 DELL WEBB PKWY

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

JACKSONVILLE, FL 32256

STERLING FIN. & MGMT., INC

**OFFICERS AND DIRECTORS:** 

STD

VD

GENOVESE, BILL

BUDD, SHAWN

POWELL, JAMES

11555 CENTRAL PKWY STE. 603 JACKSONVILLE, FL 32224 US

9039 DELL WEBB PKWY

FEI Number: 86-1170647

in the State of Florida.

SIGNATURE:

Name:

Title:

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Address: City-St-Zip: Apr 26, 2009 Secretary of State

Certificate of Status Desired ( )

04/26/2009

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change ( ) Addition

(X) Change ( ) Addition

Entity Name: SANDPIPER VILLAGE CONDOMINIUM AT SWEETWATER BY DEL WEBB ASSOCIATION, INC.

**New Principal Place of Business:** 

Name and Address of New Registered Agent:

9831 DEL WEBB PKWY

**New Mailing Address:** 

FEI Number Not Applicable ( )

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

9039 DELL WEBB PKWY JACKSONVILLE, FL 32256

STERLING FIN. & MGMT., INC. 6620 SOUTHPOINT DR S

JACKSONVILLE, FL 32216

STD

BRAUN, CHRISTINE

SEPE, STEVE

5210 BELFORT RD STE 400

JACKSONVILLE, FL 32256

9831 DEL WEBB PKWY #1405

JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

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

SIGNATURE: WILLIAM GENOVESE

PD

04/26/2009

above, or on an attachment with an address, with all other like empowered.