

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 016 ****61.25

DOCUMENT # N07000008515					
1. Entity Name RETIREMENT COMMUNITY AT STERLING PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 9310 NE VANCOUVER MALL DRIVE SUITE 200 VANCOUVER, WA 98662 US			Mailing Address 6715 NE 63RD STREET SUITE 468 VANCOUVER, WA 98661 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9310 NE Vancouver Mall Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Vancouver WA			
Zip	Country	Zip	Country	4. FEI Number	
98062	US	98062	US	Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BRENDON, NORMAN L STREET ADDRESS 6715 NE 63RD STREET, SUITE 468 CITY-ST-ZIP VANCOUVER, WA 98661	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 NE Vancouver Mall Dr. Ste 200 Vancouver WA 98062	
TITLE D,VP NAME KENNEDY, PATRICK F STREET ADDRESS 6715 NE 63RD STREET, SUITE 468 CITY-ST-ZIP VANCOUVER, WA 98661	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "	
TITLE D,P NAME COLSON, BARTON G STREET ADDRESS 6715 NE 63RD STREET, SUITE 468 CITY-ST-ZIP VANCOUVER, WA 98661	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Norman L Brenden</u> 1/11/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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\$8.75 Additional Fee Required