FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07063 (3)

1. Corporation Name

STERLING HOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 SO. J STREET PO BOX 290 LAKE WORTH FL 33460	201 SO. J STREET PO BOX 290 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2581180 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAXWELL, JAMES E.
201 S "J" ST., APT #2
P.O. BOX 290
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	BOYLE JAMES	12 NAME	
STREET ADDRESS	201 SO J ST APT 12	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ARPONEN PAN	22 NAME	
STREET ADDRESS	1332 CREST DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	S ☒ Change ☐ Addition
NAME	~~BOYLE RUTH~~	32 NAME	Kivi, A.
STREET ADDRESS	~~201 SO J ST APT 12~~	33 STREET ADDRESS	201 So J ST APT 9
CITY-ST-ZIP	~~LAKE WORTH FL~~	34 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	~~T~~	41 TITLE	T ☒ Change ☐ Addition
NAME	~~GALFFNER HILDA~~	42 NAME	KOSKINEN, M
STREET ADDRESS	~~201 S J ST APT 11~~	43 STREET ADDRESS	201 So J ST APT 10
CITY-ST-ZIP	~~LAKE WORTH FL~~	44 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEINONEN, VENO	52 NAME	
STREET ADDRESS	201 J ST, APT #1	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KINNARI, PENTTI	62 NAME	
STREET ADDRESS	201 S J ST, APT #3	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James F Boyle 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES BOYLE

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