

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 *4-30-96* DIVISION OF CORPORATIONS *C*

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

3. Date Incorporated or Qualified
01/11/1985

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	BOYLE JAMES	
STREET ADDRESS	201 SO J ST APT 12	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARPONEN PAN	
STREET ADDRESS	1332 CREST DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIVI, A.	
STREET ADDRESS	201 SO J. ST. APT 9	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOSKINEN, M.	
STREET ADDRESS	201 J ST. APT 10	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEINONEN, VENO	
STREET ADDRESS	201 J ST, APT #1	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINNARI, PENTTI	
STREET ADDRESS	201 S J ST, APT #3	
CITY-ST-ZIP	LAKE WORTH FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES BOYLE	
1.3 STREET ADDRESS	201 So J ST. #12	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
2.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEPO ARPONEN	
2.3 STREET ADDRESS	201 So J ST. #4	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James E. Boyle

4/25/96 585-390

CR2E037 (12/95)