

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07063 (3)
1. Corporation Name
STERLING HOUSE ASSOCIATION, INC.



Principal Place of Business 201 SO. J STREET PO BOX 290 LAKE WORTH FL 33460	Mailing Address 201 SO. J STREET PO BOX 290 LAKE WORTH FL 33460-0290
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3. Date Incorporated or Qualified 01/11/1985	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2581180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOYLE, JAMES	
STREET ADDRESS	201 SO J ST APT 12	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	ARPONEN, S EPO	
STREET ADDRESS	201 S. J STREET #4	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KIM, A.	
STREET ADDRESS	201 SO J ST. APT 9	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S ANNA SIEVANEN
3.3 STREET ADDRESS	201 SO. J ST. #7
3.4 CITY-ST-ZIP	LAKE WORTH FL 33460
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T PEGGY MAXWELL
4.3 STREET ADDRESS	302 SO. J ST. #2
4.4 CITY-ST-ZIP	LAKE WORTH FL 33460
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 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 _____ DATE **2/6/97** FILE NO. **51-985-31107**

CR2E037 (9/96)