

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 01/11/1985	Applied For Not Applicable
4. FEI Number 59-2581180	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD BOYLE, JAMES	1.1 TITLE	
NAME	201 SO J ST APT 12	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PDC ARPONEN, S EPO	2.1 TITLE	
NAME	201 S. J STREET #4	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SIEVANEN, ANNA	3.1 TITLE	
NAME	201 SO J ST #7	3.2 NAME	
STREET ADDRESS	LAKE WORTH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T MAXWELL, PEGGY	4.1 TITLE	
NAME	302 SO J ST #2	4.2 NAME	
STREET ADDRESS	LAKE WORTH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LEINONEN, VENO	5.1 TITLE	
NAME	201 J ST, APT #1	5.2 NAME	
STREET ADDRESS	LAKE WORTH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KINNARI, PENTTI	6.1 TITLE	
NAME	201 S J ST, APT #3	6.2 NAME	
STREET ADDRESS	LAKE WORTH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		1.4 CITY-ST-ZIP	
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: James Boyle, V. Pres. Date: 4-30-98 Daytime Phone: 561-968-2066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES BOYLE 0039600

CR2E037 (10/97)