

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90227 034 \*\*\*\*61.25



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # N07063**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/11/1985

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

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

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

(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	D	<input type="checkbox"/> DELETE
NAME	SIEVANEN, ANNA	
STREET ADDRESS	201 SO J ST #7	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, PEGGY	
STREET ADDRESS	302 SO J ST #2	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KOSKINEN, MIJIA
4.3 STREET ADDRESS	201 SO. J ST. #10
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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. 3/2/99 561-585-3407

CR2E037 (1/98)