

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90314 022 ****61.25

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04132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N07063					
1. Entity Name STERLING HOUSE ASSOCIATION, INC.					
Principal Place of Business 201 SO. 'J' STREET LAKE WORTH, FL 33460			Mailing Address P.O. BOX 290 LAKE WORTH, FL 33760		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2581180	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLE, JAMES F 201 S "J" ST., APT #2 LAKE WORTH, FL 33460				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	BOYLE, JAMES			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	201 SO J ST APT 12				
CITY-ST-ZIP	LAKE WORTH, FL				
TITLE	VD	Delete <input checked="" type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PROCYK, ANDREW			KLAUSES KEKKI	
STREET ADDRESS	201 S. J ST., #4			201 S J ST #3	
CITY-ST-ZIP	LAKE WORTH, FL 33460			LAKE WORTH FL 33460	
TITLE	S	Delete <input checked="" type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LORD, ROBERT			ANDREW PROCYK	
STREET ADDRESS	201 S J ST., #4			201 S J ST #4	
CITY-ST-ZIP	LAKE WORTH, FL 33460			LAKE WORTH FL 33460	
TITLE	TD	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	KOSKINEN, MILJA				
STREET ADDRESS	201 SO. J ST. #10				
CITY-ST-ZIP	LAKE WORTH, FL 33460				
TITLE	D	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PEREZ, JUDY				
STREET ADDRESS	201 S J ST., #2				
CITY-ST-ZIP	LAKE WORTH, FL 33460				
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Milja Koskinen, Treas.</i>		4-15-05		561-588-4839	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
MILJA KOSKINEN					