

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 033 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2581180

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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 **KEKKI, KLAUS**
Street Address (P.O. Box Number is Not Acceptable)

201 S. J ST. #3

City **LAKE WORTH** FL Zip Code **33460**

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 *Klaus Kekki, Pres.*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BOYLE, JAMES
STREET ADDRESS 201 SO J ST APT 12
CITY-ST-ZIP LAKE WORTH, FL

TITLE VD ☐ Change ☒ Addition
NAME REGIS, JOHNNY
STREET ADDRESS 201 S. J ST. #8
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VD ☐ Delete
NAME KEKKI, KLAUS
STREET ADDRESS 201 S J ST #3
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE PD ☒ Change ☐ Addition
NAME KEKKI, KLAUS
STREET ADDRESS 201 S. J ST. #3
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE S ☐ Delete
NAME LORD, ROBERT
STREET ADDRESS 201 S J ST., #4
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE S ☒ Change ☐ Addition
NAME LORD, THERESA
STREET ADDRESS 201 S. J ST. #4
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE T ☐ Delete
NAME PLIRA, JOHN
STREET ADDRESS 511 LAKE AVE
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE TD ☒ Change ☐ Addition
NAME PLIRA, JOHN
STREET ADDRESS 511 LAKE AVE.
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☒ Delete
NAME PEREZ, JUDY
STREET ADDRESS 201 S J ST., #2
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FRIDERICH, JASON
STREET ADDRESS 235 VANDERBILT DR
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Klaus Kekki, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07
Date

561-588-2900
Daytime Phone #

KLAUS KEKKI