

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:46

DOCUMENT # N27083 (7)

1. Corporation Name

STERLING RANCH UNIT 8 & 9 HOMEOWNERS ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD

1700 MCMULLEN BOOTH RD

CLEARWATER FL 34619
US

CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2904794

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

4151 GUNN HWY

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

Zip

Country

9. Name and Address of Current Registered Agent

NICKS, JOYCE M
C/O SEABOARD ARBORS MGMT SERVICES
1700 MCMULLEN BOOTH RD STE C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81. Name ROGERS K. HAYDON JR

82. Street Address (P.O. Box Number is Not Acceptable)

15201 ROOSEVELT BLVD
SUITE 112

83. City CLEARWATER

84. State FL

85. Zip Code 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

ROGERS K. HAYDON JR

4.4.95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYDON, ROGERS K.
STREET ADDRESS 15201 ROOSEVELT BLVD SUITE 112
CITY-ST-ZIP CLEARWATER FL

TITLE VD
NAME RUBIN, LESLIE A.
STREET ADDRESS 15201 ROOSEVELT BLVD SUITE 112
CITY-ST-ZIP CLEARWATER FL

TITLE STD
NAME CLINE, DONNA
STREET ADDRESS 15201 ROOSEVELT BLVD SUITE 112
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

[Signature]

ROGERS K. HAYDON

4.4.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Given #

(613) 539-0777