2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# N28566

Entity Name: STERLING AT MEADOWLANDS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

18406 CITATION STREET
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1474
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3095429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUENZEL, DIAN
4111 LAND O'LAKES BLVD.
SUITE 302D
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FELSENTHAL, HARRY
Address: 1510 CANNONAGE CT
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: BARTLO, DAN
Address: 18406 DEBONAIR PL
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: TYLER, DEBBIE
Address: 18402 DEBONAIR PL
City-St-Zip: LUTZ, FL 33549

Title: S ( ) Delete
Name: MOORE, AUDREA
Address: 1506 CANNONADE CT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARTLO, DAN
Address: 18406 DEBONAIR PL
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change ( ) Addition
Name: PETERSON, SCOTT
Address: 18407 CITATION ST
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREA MOORE S 03/05/2005

Electronic Signature of Signing Officer or Director — Date