2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90025 046 ****61.25

DOCUMENT # N28566

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

Principal Place of Business	Mailing Address
18406 CITATION STREET LUTZ, FL 33549 US	PO BOX 1474 LUTZ, FL 33548 US

02122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18312 CITATION ST.	PO BOX 1474
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FL.	City & State: LUTZ, FL.
Zip: 33549 Country: HILLSBOROUGH	Zip: 33548 Country: HILLSBOROUGH

4. FEI Number 59-3095429 ☐ Applied For ☐ Not Applicable

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
KUENZEL, DIAN 4111 LAND O'LAKES BLVD. SUITE 302D LAND O LAKES, FL 34639	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTLO, DAN 18406 DEBONAIR PL LUTZ, FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAIG WIDDER 18312 CITATION ST. LUTZ, FL. 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERSON, SCOTT 18407 CITATION ST LUTZ, FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEBBIE TUELL 18311 CITATION ST LUTZ, FL. 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROGER, MCADAMS 18411 CITATION ST LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROGER MCADAMS 18411 CITATION ST. LUTZ, FL. 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, AUDREA 1506 CANNONADE CT LUTZ, FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANNETTE HICKS 18316 CITATION ST. LUTZ, FL. 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ PD 3-08-07