

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28566

FILED  
Mar 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

18312 CITATION STREET  
LUTZ, FL 33549 US

**New Principal Place of Business:**

18403 DEBONAIR PLACE  
LUTZ, FL 33549 US

**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: V ( ) Delete  
Name: SMITH, RICK  
Address: 1502 CANNONADE CT  
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete  
Name: TUELL, DEBBIE  
Address: 18311 CITATION ST  
City-St-Zip: LUTZ, FL 33549

Title: S ( ) Delete  
Name: HICKS, ANNETTE  
Address: 18316 CITATION ST.  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, RICK  
Address: 1502 CANNONADE CT  
City-St-Zip: LUTZ, FL 33549

Title: T (X) Change ( ) Addition  
Name: BRAUTIGAM, JOHN  
Address: 18403 DEBONAIR PLACE  
City-St-Zip: LUTZ, FL 33549

Title: S (X) Change ( ) Addition  
Name: DEBORAH, DOLAN  
Address: 18402 DEBONAIR PLACE  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Change (X) Addition  
Name: EDMONDSON, KENNETH  
Address: 1503 CANNONADE CT  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN BRAUTIGAM

T

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date