## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34931

Apr 17, 2006 Secretary of State

Entity Name: STERLING RIDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6015 MORROW STREET EAST SUITE 107 JACKSONVILLE, FL 32217

**Current Mailing Address: New Mailing Address:** 

C/O BMI

6015 MORROW STREET EAST, SUITE 107 JACKSONVILLE, FL 32217

FEI Number: 59-3019162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANNING MANAGEMENT INC 6015 MORROW STREET EAST SUITE 107 JACKSONVILLE, FL 32217 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition ROCKHILL, HARLEY Name: ROCKHILL, HARLEY Name: 904 LONG LAKE DRIVE Address: 904 LONG LAKE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete Title: (X) Change ( ) Addition

Name: SOBELMAN, CINDY Name: SOBELMAN, CINDY

Address: 12643 WINDY WILLOWS DR. N. Address: 12643 WINDY WILLOWS DR. N. City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: STD () Delete Title: () Change () Addition

STIFFLER, DEBRA ANN Name: Name: 12552 HERBLORE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY SOBELMAN PD 04/17/2006