

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34931

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** STERLING RIDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BMI  
6015 MORROW STREET EAST SUITE 107  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BMI  
6015 MORROW STREET EAST, SUITE 107  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-3019162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

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

Title: PD ( ) Delete  
Name: SOBELMAN, CINDY  
Address: 12643 WINDY WILLOWS DR. N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD ( ) Delete  
Name: STIFFLER, DEBRA ANN  
Address: 12552 HERBLORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

Title: STD (X) Change ( ) Addition  
Name: WEST, GAY  
Address: 12649 WINDY WILLOWS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: CINDY SOBELMAN

PD

05/01/2007

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

\_\_\_\_\_  
Date