2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N34931

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 ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC.
6015 MORROW STREET EAST
SUITE 107
JACKSONVILLE, FL 32217 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: 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: WEST, GAY
Address: 12649 WINDY WILLOWS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: CASTANEDA, FERNANDO
Address: 12559 TREE BEARD CT
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: TD (X) Change ( ) Addition
Name: DUKES, BILL
Address: 12538 LONG LAKE CT
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 04/29/2008

Electronic Signature of Signing Officer or Director — Date