

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37721

FILED
Apr 23, 2008
Secretary of State

Entity Name: STIRLING POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

801 HOLLY LANE
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

801 HOLLY LANE
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0206075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, DAMMYER L CPA
801 HOLLY LANE
PLANTATION, FL 33317 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: PD () Delete
Name: GOODWIN, GERRY
Address: 4197 N.W. 76TH AVENUE
City-St-Zip: DAVIE, FL 33024

Title: D () Delete
Name: SAN JUAN, FRANK
Address: 4213 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

Title: VP () Delete
Name: ARSLAN, PAUL
Address: 4245 NW 76TH AVE
City-St-Zip: DAVIE, FL 33024

Title: ST () Delete
Name: MCCAMBRIDGE, DAVE
Address: 4215 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

Title: D () Delete
Name: AGUIAR, PETE
Address: 4297 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GERALD GOODWIN

P

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date