## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46200

**FILED** Feb 26, 2007 Secretary of State

Entity Name: THE STERLING CONDOMINIUM ASSOCIATION, INC.

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

6767 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33141

US

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

6767 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33141

US

FEI Number: 59-1978130 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:

BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE #100 MIAMI, FL 33126

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 CAPO, RUBEN STEIN, MICHAEL Name: Name: 6767 COLLINS AVE #1501 Address: 6767 COLLINS AVE Address:

City-St-Zip: MIAMI BCH., FL 33141 City-St-Zip: MIAMI BEACH., FL 33141

Title: PVP () Delete Title: (X) Change ( ) Addition TALAMAS, JIM Name: LAGE, AMPARO Name:

Address: 6767 COLLINS AVE #609 Address: 6767 COLLINS AVE #609 City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33141

Title: () Delete Title: (X) Change ( ) Addition STEIN, MICHAEL LOZANO, LISETTE C Name: Name:

Address: 6767 COLLINS AVE. Address: 6767 COLLINS AVE. City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33141

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

REYES, EDUARDO SUERO, ORLANDO Name: Name: Address: 6767 COLLINS AVE #206 Address: 6767 COLLINS AVE City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

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

SUERO, ORLANDO CAPO, RUBEN Name: Name: 6767 COLLINS AVE 6767 COLLINS AVE Address: Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33141

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: MICHAEL STEIN PD 02/26/2007