2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N47262

Entity Name: STERLING CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-3142607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 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: WOODARD, JOHN
Address: 6097 CROSSBOW
City-St-Zip: PORT ORANGE, FL 32128

Title: VPD ( ) Delete
Name: LAMBERT, JERRY
Address: 757 FOXHOUND DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: SD ( ) Delete
Name: MASOR, VICTOR
Address: 6096 CROSSBOW
City-St-Zip: PORT ORANGE, FL 32128

Title: TD ( ) Delete
Name: DE MARIA, PAUL
Address: 791 FOXHOUND DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: D ( ) Delete
Name: BOYNTON, BONNIE
Address: 790 FOXHOUND DR
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: RULISON, MAT
Address: 6095 CROSSBOW
City-St-Zip: PORT ORANGE, FL 32128

Title: TD (X) Change ( ) Addition
Name: MASOR, VICTOR
Address: 6096 CROSSBOW
City-St-Zip: PORT ORANGE, FL 32128

Title: SD (X) Change ( ) Addition
Name: MACLAUCHLAN, JOHN
Address: 6088 PHEASANT RIDGE
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Change ( ) Addition
Name: CHARBONNEAU, GAIL
Address: 782 FOXHOUND
City-St-Zip: PORT ORANGE, FL 32128

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: JOHN WOODARD PD 02/11/2009

Electronic Signature of Signing Officer or Director — Date