1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000002021

1. Corporation Name

STERLING WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1579 JONETHAN COURT LARGO FL 33770 US

1579 JONATHAN COURT **LARGO FL 33770** LIS

**FILED** Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90293 046 \*\*\*\*61.25

|  |                                  |                      |  | <b>\</b>   |            |                                   |               |  |
|--|----------------------------------|----------------------|--|--|------------|-----------------------------------|---------------|--|
| -2Principal Place of Business  | 2aMailing Address                | ~                    |  | 3. Date Incorporated or Qualifed                       |            |                                   |               |  |
| 21 15 79 JONATHAN COURT  | 26                               |                      |  | 04/30/1993   |            |                                   |               |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.              |                      |  | 4. FEI Number  |            |                                   | ied For       |  |
| 27   |                                  |                      |  | 59-3265097   |            | Not Applicable                    |               |  |
| City & State Cd , FL   | City & State                     |                      |  | 5. Certificate of Status Desired                       |            | \$8.75 Additional<br>Fee Required |               |  |
| Zip Country  | Zip                              | Country              |  | 6. Election Campaign Financing Trust Fund Contribution | •          | .00 M                             | -             |  |
| 24 33 / 0 25 U.S 29 9. Name and Address of Current Registered Agent                                    |                                  |                      |  | 10. Name and Address of New Registered Agen            |            |                                   |               |  |
| 3. Name and Address of Curren  | t itegistered Agent              | 81                   | Name   |  | <u> </u>   |                                   |               |  |
|  |                                  |                      |  |  |            |                                   |               |  |
| MAY, CHRISTOPHER J.  |                                  | 82                   | Street Addre                                     | ess (P.O. Box Number is Not Acceptable)                |            |                                   |               |  |
| 1579 JONATHAN COURT  |                                  | 83                   | <del>                                     </del> |  |            |                                   |               |  |
| LARGO FL 33770   |                                  |                      |  |  |            |                                   |               |  |
|  |                                  | 84                   | City   |  | FL 85      | Zip Co                            | de            |  |
| 11. Pursuant to the provisions of Sections 617.050   |                                  |                      | L  |  |            | na ita                            | aictored      |  |
| office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation | of Florida. Such change was auti | honzed by            | the corporatio                                   | on's board of directors. I hereby accept the ap        | ppointment | as regi                           | stered        |  |
| SIGNATURE  |                                  |                      |  | d when reinstation). DATI                              | <u></u>    |                                   |               |  |
| Signature, typed or printed name of registered ager  |                                  | egistered Age<br>13. | nt signature required                            | ADDITIONS/CHANGES TO OFFICERS                          |            | ECTOR                             | S IN 12       |  |
|  | ID DIRECTORS  ☐ DELETE           | 1.1 TITLE            |  | ADDITIONS/CITATOES TO OFFICER                          | □ Ch       |                                   | ☐ Additio     |  |
| TITLE PD   | □ pére le                        |                      |  |  | <u></u>    | 90                                |               |  |
| MAY, CHRISTOPHER J.  |                                  | 1.2 NAME             |  |  |            |                                   |               |  |
| STREET ADDRESS 1579 JONATHAN COURT   |                                  |                      | T ADDRESS  |  |            |                                   |               |  |
| CITY-ST-ZIP LARGO FL 33770   | ☐ DELETE                         | 1.4 CITY-S           | T-ZIP  |  | ☐ Ch       | anne                              | Addition      |  |
| TITLE VPD  | ☐ DELETE                         | 2.1 TITLE            |  |  |            | io.igo                            |               |  |
| NAME DANIEL, TOM   |                                  | 2.2 NAME             |  |  |            |                                   |               |  |
| -STREET ADDRESS 1542-JONATHAN-COURT  |                                  |                      | T ADDRESS  |  |            |                                   | <del></del> - |  |
| CITY-ST-ZIP LARGO FL 33770   |                                  | 2. 4 CITY-           | ST-ZIP   |  | □Ch        |                                   | Addition      |  |
| TITLE TD   | ☐ DELETE                         | 3.1 TITLE            |  |  |            | ange                              |               |  |
| NAME SINGLETARY, MAUREEN   |                                  | 3.2 NAME             | -  |  |            |                                   |               |  |
| STREET ADDRESS 1591 JONATHAN COURT   |                                  |                      | TADORESS   |  |            |                                   |               |  |
| CITY-ST-ZIP LARGO FL 33770   |                                  | 3.4. CITY-           | ST-ZIP   |  | □ Ch       | unnac .                           | Additio       |  |
| TITLE S  | ☐ DELETE                         | 4.1 TITLE            |  |  | ∐ Ur       | anye                              |               |  |
| NAME HARDESTY, LISA  |                                  | 4. 2 NAME            |  |  |            |                                   |               |  |
| STREET ADDRESS 1575 JONATHAN COURT   |                                  | 4.3 STREE            | TADDRESS   |  |            |                                   |               |  |
| CITY-ST-ZIP LARGO FL 33770   |                                  | 4.4 CITY-5           | T-ZIP  |  |            |                                   |               |  |
| TITLE AS .   | ☐ DELETE                         | 5.1 TITLE            |  |  | ☐ Ch       | ange                              | Additio       |  |
| NAME FELLOUZIS, MARY   |                                  | 5.2 NAME             |  |  |            |                                   |               |  |
| STREET ADDRESS 1551 JONATHAN COURT   |                                  | 5.3 STREE            | TADORESS   |  |            |                                   |               |  |
| CITY-ST-ZIP LARGO FL 33770   |                                  | 5.4 CITY-5           | T-ZIP  |  |            |                                   | <del></del>   |  |
| TITLE  | ☐ DELETE                         | 6.1 TITLE            | }  |  | □ Ch       | ange                              | Addition      |  |
| NAME   |                                  | 6.2 NAME             |  |  |            |                                   |               |  |
| STORET ADDRESS   |                                  | 6.3 STREE            | TADDRESS   |  |            |                                   |               |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP