

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002021

1. Entity Name
STERLING WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1579 JONATHAN CT
LARGO, FL 33770 US**

Mailing Address
**1579 JONATHAN COURT
LARGO, FL 33770 US**



03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3265097

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAY, CHRISTOPHER J.
1579 JONATHAN COURT
LARGO, FL 33770**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAY, CHRISTOPHER J.
1579 JONATHAN COURT
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DANIEL, TOM
1542 JONATHAN COURT
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SINGLETARY, MAUREEN
1591 JONATHAN COURT
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HARDESTY, LISA
1575 JONATHAN COURT
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FELLOUZIS, MARY
1551 JONATHAN COURT
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000320455
04/21/05-80038-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher J. May
Christopher J. May

3/07/05 722 581-7623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #