

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 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



07052007 No Chg-NP CR2E037 (4/06)

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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000768337  
07/12/07-80004-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/07 727 581-7623