

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90098 034 ****61.25

DOCUMENT # N93000002203					
1. Entity Name ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4780 N STATE RD 7 SUITE E250 LAUDERDALE LAKES, FL 33319			Mailing Address % PHOENIX MANAGEMENT 4780 N. STATE RD 7, SUITE 250 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business - No P.O. Box # 1145 SAWGRASS CORP PKWY Suite, Apt. #, etc.		3. Mailing Address 1145 SAWGRASS CORP PKWY Suite, Apt. #, etc.			
City & State SUNRISE FL		City & State SUNRISE FL		4. FEI Number 65-0424844	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7 SUITE E250 FORT LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name: <u>DICKER, KRIVOK, B STOLOFF, PA.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1818 AUSTRALIAN AVENUE SOUTH</u> <u>SUITE 400</u> City: <u>WEST PALM BEACH</u> FL Zip Code: <u>33409</u>	
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: <u>[Signature]</u> <u>SCOTT A. STOLOFF Esq.</u> DATE: <u>5-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME JOFFRION, LORRAINE STREET ADDRESS 16280 OWASCE CIR. CITY-ST-ZIP DAVIE, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE PD NAME CROSS, DAVID STREET ADDRESS 16407 ERIE PLACE CITY-ST-ZIP DAVIE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME BONTJES, DAVE STREET ADDRESS 6242 CHAMPLEAN TERR CITY-ST-ZIP DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE VPD NAME ENGELER, RALPH STREET ADDRESS 16446 ERIE PLACE CITY-ST-ZIP DAVIE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVE CROSS STREET ADDRESS 16407 ERIE PL CITY-ST-ZIP DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE TD NAME BONTJES, DAVE STREET ADDRESS 6242 CHAMPLEAN TERRACE- CITY-ST-ZIP DAVIE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME DIULUS, BARBARA STREET ADDRESS 1601 ONTARION PL. CITY-ST-ZIP DAVIE, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE SD NAME DORN, CRAIG STREET ADDRESS 6422 CHAMPLAIN TERRACE CITY-ST-ZIP DAVIE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME ENGELER, RALPH STREET ADDRESS 16446 FIRE PL CITY-ST-ZIP DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE D NAME MCNUGH, JIM STREET ADDRESS 16346 ERIE PLACE CITY-ST-ZIP DAVIE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DORN, CRAIG STREET ADDRESS 6422 CHAMPLAIN TERRACE CITY-ST-ZIP DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <u>David Bontjes</u> <u>4/22/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					