

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002203

FILED
Feb 09, 2009
Secretary of State

Entity Name: ESTATES OF STIRLING LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0424844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: CROSS, DAVID
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VDD () Delete
Name: ENGELER, RALPH
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: BONTJES, DAVE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: JOFFRIAN, LORRAINE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete
Name: DORN, CRAIG
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete
Name: DORN, CRAIG
Address: 6422 CHAMPLAIN TERRACE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ENGELER, RALPH
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VPD (X) Change () Addition
Name: JOFFRIAN, LORRAINE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

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

Title: SD (X) Change () Addition
Name: DORN, CRAIG
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

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

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

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: RALPH ENGELER

PD

02/09/2009

Electronic Signature of Signing Officer or Director

Date