

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002203

FILED
Apr 02, 2012
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:

BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: DP
Name: ENGELER, RALPH
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: DVP
Name: JOFFRION, LORRAINE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: DT
Name: DORN, CRAIG
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: DS
Name: KRAJSA, GEORGE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: CHALLACOMBE, WESELY
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MEGAN LINGERFELT

CAM

04/02/2012

Electronic Signature of Signing Officer or Director

Date