FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004369 (5)

STERLING PLACE OWNERS ASSOCIATION, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		E CAMPITAL BIO PRION SETTI MOLLI ODILI ROSIL DOSTI BOSIL DISTONO (1119 DELIA LELI 106)
3008-E NW 13 ST GAINESVILLE FL 32609 US		3008-E NW 13 STREET GAINESVILLE FL 32609 US		3. Date Incorporated or Qualified 09/22/1993
55		00		4. FEI Number Applied For 59-3244892 Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>-</u>	6. Election Campaign Financing \$5.00 May Be
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	nt Registered Agent	041.11	10. Name and Address of New Registered Agent
505010			81 Name	
ROBINSON, G W 7616 NW 38TH PL			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32606			83	
			84 City	85 Zip Code
11 Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statu	ites, the above-named con	Poration submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE	, ,			
	Signature, typed or printed name of registered age		TE. Registered Agent signature requi	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D Robinson, G W		1,1 TITLE 1,2 NAME	Citalige C Addition
STREET ADORESS	7616 NW 38TH PL		1,3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY - ST-ZIP	
TITLE	D	DELETE	2.1 TIYLE	☐ Change ☐ Addition
NAME	ROBINSON, KATE M		2.2 NAME	•
STREET ADDRESS	7616 NW 38TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		2. 4 CITY - ST - ZIP	
TITLE	D DODUMENT	☐ DELETE	3,1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, RANDY E		3.2 NAME	
STREET ADDRESS	7616 NW 38TH PL GAINESVILLE FL 32606		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	GAINESVILLE FL 32000	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	L_ Change L_ Addition
NAME			6.2 NAME	}
STREET ADDRESS			6.3 STREET ADDRESS	
CiTY-ST-ZIP	artify that the information supplied wi	th this filing does not qualify t	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further certify that the Information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or B'ock 13 if changed, of on an attachment with an address.				

RE REQUIRED