2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90019 005 ****61.25

DOCUMENT # N93000004369

1. Entity Name

STERLING PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4400 NW 36 AVE GAINESVILLE FL 32606 US	4400 NW 36 AVE GAINESVILLE FL 32606 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3244892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANAGMENT SPECIALISTS 4400 NW 36 AVE GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PENROD, RANDY 7004 NW 49 TERRACE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D-P ChrisCowles 6911 NW 47Ter Gainesville, Fl. 32653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COWLES, CHRIS R 6911 NW 47TH TERR. GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-VP James Larche 4919 NW 71 Place Gainesville, Fl. 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHRISTENSON, BRENT 4702 NW 72ND LANE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-T Mike Shockley 4818 NW 72 Lane Gainesville, Fl. 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COWLES, CHRIS R 6911 NW 47TH TERR GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSON, BRENT 4702 NW 72 LANE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-S Len Shurtleff 6915 NW 49 Street Gainesville Fl. 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOETOR, LORRAINE 5014 NW 71ST PLACE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	D Lorraine Hoctor 5014 NW 71 Place Gainesville, Fl. 32653	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Len Shurtleff 2/13/06 352-373-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #