# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2008**
**Secretary of State**

DOCUMENT# N93000004369

**Entity Name:** STERLING PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 NW 36 AVE
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

4400 NW 36 AVE
GAINESVILLE, FL 32606 US

**New Mailing Address:**

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

**FEI Number: 59-3244892** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANAGMENT SPECIALISTS
4400 NW 36 AVE
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

MANAGMENT SPECIALISTS
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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: 01/18/2008
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: COWLES, CHRIS
Address: 6911 NW 47 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: DVP ( ) Delete
Name: LARCHE, JAMES
Address: 4919 NW 71 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DT ( ) Delete
Name: SHOCKLEY, MIKE
Address: 4919 NW 72 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DS ( ) Delete
Name: SHURTLEFF, LEN
Address: 6915 NW 49 STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Delete
Name: HOCTER, LORRAINE
Address: 5014 NW 71 PLACE
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition
Name: SHURTLEFF, LEONARD
Address: 6915 NW 49TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Change ( ) Addition
Name: HOCTOR, LORRAINE
Address: 5014 NW 71ST PLACE
City-St-Zip: GAINESVILLE, FL 32653

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: CHRIS COWLES P 01/18/2008
Electronic Signature of Signing Officer or Director — Date