

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004369

FILED
Apr 25, 2009
Secretary of State

Entity Name: STERLING PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

CONNER, SARAH
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: SARAH CONNER

04/25/2009

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENROD, JAMES
Address: 7004 NW 49TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP (X) Change () Addition
Name: LARCHE, JAMES
Address: 4919 NW 71 PLACE
City-St-Zip: GAINESVILLE, FL 32653

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

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

Title: D () Change (X) Addition
Name: KIMBALL, VICKI
Address: 7005 NW 47TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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: JAMES PENROD

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date