

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004369

FILED
Apr 28, 2011
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:

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

Name and Address of New Registered Agent:

MGMT SPECIALISTS SVCS
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: MGMT SPECIALISTS SVCS

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PENROD, JAMES
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: SCHWARTZ, LEE
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: P S
Name: SHURTLEFF, LEONARD
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: HOCTOR, LORRAINE
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: MCCONNELL, RUTH
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

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: MGMT SPECIALISTS SVCS

MGR

04/28/2011

Electronic Signature of Signing Officer or Director

Date