2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # **N93000004369** 1. Entity Name 03-03-2003 90486 037 ****61.25 STERLING PLACE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3006-€NW 13 ST 4623 NW 53RD AVE 10030217 GAINESVILLE FL 32609 GAINESVILLE FL 32606 Management Spec CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3244892 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAUTILUS REALTY, INC. 3008-E NW 13TH STREET **GAINESVILLE FL 32609** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition AL KimbALL 7005 NW 47 Terrace COULES, CHRIS NAME NAME STREET ADDRESS 6911 NW 47TH TERR STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP Gainesville, FL32653 VD TITLE ☐ Delete TITLE Addition TURNER, JOHN Brent Christensen 4702 NW 72 Lane NAME 6907 NW 505 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP Gainesville, FC 32653 SD TITLE ☐ Delete TITLE ☐ Addition TURNER, SOAN 6907 NW 505 TER SHURTLEFF, LEONARD NAME STREET ADDRESS 6915 NW 49TH STREET STREET ADDRESS Ainesville, FL 32653 CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Addition NAME KIMBLE, AL rowles, R. Chris NAME STREET ADDRESS 7005 NW 47TH TERR 6911 NW 474 TERR. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate anothrat 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 embewered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

CITY-ST-7(P