


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90164 002 ****61.25

DOCUMENT # N96000000223		
1. Entity Name STERLING PLACE HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330	Mailing Address 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

40001010



Century Management Services, Inc. Century Management Services, Inc.
1495 North Park Drive 1495 North Park Drive
Weston, Florida 33326 Weston, Florida 33326

1172008 Chg-NP CR2E037 (12/06)

FBI Number 65-0640862	Applied For <input type="checkbox"/> Not Applicable
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Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES INC. 12233 SW 55TH STREET, SUITE 811 COOPER CITY, FL 33330	7. Name and Address of New Registered Agent Century Management Services, Inc. 1495 North Park Drive Weston, Florida 33326
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MUCH, MAX 16881 SW 1ST MANOR HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Oiga Fonseca 16816 SW 1st Place Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST LOPEZ, PAMELA 16899 SW 1 MANOR PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D. Canseco, Ralph 16880 SW 1 manor Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YOUNG, BRIAN 16890 SW 1ST MANOR HOLLYWOOD, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD RODRIGUEZ, JAIME 16871 SW 1ST MANOR HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANSECO, LOURDES 16880 SW 1ST MANOR HOLLYWOOD, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FERNANDEZ, ANA 16852 SW 10TH ST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

Date

954-647-2700

Daytime Phone #