2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State

DOCUMENT # N9700005563 1. Entity Name THE ESTATES OF STIRLING PALMS HOMEOWNERS ASSOCIATION, INC.					(03-26-2007	7 90054 0	19 ****61	1.25
Principal Place C/O LANDMA 12323 SW 55 COOPER CITY	RK MGT. 5TH ST., STE. 1002	Mailing Address C/O LANDMARK MGT. 12323 SW 55TH ST., STE. COOPER CITY, FL 33330	1002 US		1847181 BIO 1811				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072007 _C	hg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 65-081959	96			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ade	dress of New	Registered /	Agent	
			Name					<u></u>	
LANDMARK MANAGEMENT SERVICES INC 1941 NW 150 AVE		INC.	Street Address		(P.O. Box Number is Not Acceptable)				
PEMBRUR	KE PINES, FL 33028								
			City				FL	Zip Cod	e
	named entity submits this statement to ions of registered agent.	r the purpose of changing its regi	istered office or	register	ed agent, or both, in	the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gislered Agent signati.	are required	when reinstating)		DATE		
SIGNATURE	Signature, typed or pattername of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Conti	ign Financing	are required	\$5.00 May Be Added to Fees		DATE Make checl orida Depar		
	Filing Fee is \$61.25	9. Election Campai Trust Fund Conti	ign Financing		\$5.00 May Be	Flo	Make checl orida Depar	tment of Si	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DII P WELKER, JON 10253 SW 59 ST	9. Election Campai Trust Fund Conti	ign Financing tribution. 11. TITLE NAME STREET ADDRESS	SD PET 1015 COOD D Geo	\$5.00 May Be Added to Fees ADDITIONS/CHANGER MCKINGS SW 5 PER CITY ARGE ANG.	FLOSES TO OFFICE RES TO OFFICE RES STREET FC 3	Make checlorida Depar ERS AND DI	tment of SI	tate
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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 two 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 that all other like empowered.

SIGNATURE:

ALGAGO VIOLKELSTECON

1/10/01 881181823