

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90036 045 \*\*\*\*61.25

<b>DOCUMENT # N97000005563</b> 1. Entity Name <b>THE ESTATES OF STIRLING PALMS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O LANDMARK MGT. 12323 SW 55TH ST., STE. 1002 COOPER CITY, FL 33330 US</b>		Mailing Address <b>C/O LANDMARK MGT. 12323 SW 55TH ST., STE. 1002 COOPER CITY, FL 33330 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1941 NW 150 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1941 NW 150 Avenue</b> Suite, Apt. #, etc.	
City & State <b>Pembroke Pines FL</b> Zip <b>33028</b> Country <b>USA</b>		City & State <b>Pembroke Pines FL</b> Zip <b>33028</b> Country	
4. FEI Number <b>65-0819596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02142008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>LANDMARK MANAGEMENT SERVICES INC. 1941 NW 150 AVE PEMBROKE PINES, FL 33028</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>2-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELKER, JON 10253 SW 58 ST COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	PD LINDA BRANTHOVER 10222 SW 58 Street COOPER CITY, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANG, GEORGE 10252 SW 58TH STREET COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	D FRANK WENDELN 10266 SW 59 Street COOPER CITY, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD ERICA HAHN 10223 SW 58 Street COOPER CITY FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, JORGE 10290 SW 58TH STREET COOPER CITY, FL 33328 <input type="checkbox"/> Delete	D JASON LAVOIE 10263 SW 58 Street COOPER CITY FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD RUSSELL PFOST 10271 SW 58 Street COOPER CITY FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINKELSTEIN, ALFRED 10199 SW 58 ST COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	VPD PARSONS, SARAH 10238 SW 58 ST COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	TD     <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKIRDY, PETER 10195 SW 58 ST COOPER CITY, FL 33328 <input type="checkbox"/> Delete	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.	
<b>SIGNATURE:</b>		02/16/08 954-680-1954 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	