

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005563

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** THE ESTATES OF STIRLING PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 65-0819596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANDMARK MANAGEMENT SERVICES INC.  
1941 NW 150 AVE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCKIRDY, PETER  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D  
Name: RILEY, RAY  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: SD  
Name: DOYLE, LISA  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VD  
Name: LAVOIE, JASON  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: CARLOS J. BOTERO

CAM

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date