

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90011 034 ****61.25

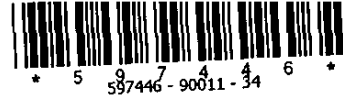
DOCUMENT # N98000002999 ✓

1. Corporation Name

STERLING POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
1342 STERLING POINT PLACE
GULF BREEZE FL 32561

Mailing Address
1342 STERLING POINT PLACE
GULF BREEZE FL 32561



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

43-4547068

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOOPER, JAMES A IV
1342 STERLING POINT PLACE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DICKENS, JUDITH
STREET ADDRESS 1344 STERLING POINT DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE

NAME MCGUIRE, RALPH
STREET ADDRESS 1446 STERLING POINT DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE

NAME MORSE, CANDY
STREET ADDRESS 1325 STERLING POINT DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE

NAME CARTER, DEBBIE
STREET ADDRESS 1319 STERLING POINT DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE DVP ☐ DELETE

NAME ANDERSON, ROBERT T
STREET ADDRESS 3744 STERLING POINT DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE P ☐ DELETE

NAME HOOPER, JAMES A IV
STREET ADDRESS 1342 STERLING POINT PLACE
CITY-ST-ZIP GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☒ Change ☐ Addition

1.2 NAME AL DUPUIS
1.3 STREET ADDRESS 1338 STERLING PT. PLACE
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-24-99

(850) 934-6757

CR2E037 (1/98)