

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90159 020 ****61.25

DOCUMENT # N98000002999

1. Entity Name

STERLING POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1325 STERLING POINT PLACE
GULF BREEZE FL 32561

Mailing Address

1325 STERLING POINT PLACE
GULF BREEZE FL 32561

2. Principal Place of Business

1329 Sterling Point Place

3. Mailing Address

1329 Sterling Point Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

Zip

32563

Country

USA

4. FEI Number

43-4547068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSE, CYNTHIA S
1325 STERLING POINT PLACE
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name *Kathryn W. Carraway*
Street Address (P.O. Box Number is Not Acceptable)
1329 Sterling Point Place
City *Gulf Breeze* FL Zip Code *32563*

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.

SIGNATURE

Kathryn W. Carraway

3/21/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORSE, CANDY	
STREET ADDRESS	1325 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, JUDY	
STREET ADDRESS	1347 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARRAWAY, KATHRYN	
STREET ADDRESS	1329 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALEXANDER, DEBRA	
STREET ADDRESS	1349 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	1332 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEASON, CHARLES	
STREET ADDRESS	1320 STERLING POINT PLACE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna Prestridge	
STREET ADDRESS	1330 Sterling Point Place	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Hunt	
STREET ADDRESS	1341 Sterling Point Place	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Kathryn W. Carraway

3/21/02

(850) 932-4274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)