


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90062 036 \*\*\*\*61.25

<b>DOCUMENT # N98000002999</b> 1. Entity Name <b>STERLING POINT HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>3756 STERLING PT RD.</del> <del>GULF BREEZE, FL 32563</del> <b>1338 STERLING PT. PL.</b> <b>GULF BREEZE, FL 32563</b> ← <b>SAME</b>			Mailing Address <del>3756 STERLING PT RD</del> <del>GULF BREEZE, FL 32563</del>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>BURKE, MARK A</b> <b>3756 STERLING PT RD</b> <b>GULF BREEZE, FL 32563</b>				7. Name and Address of New Registered Agent Name <b>ALCEE P. DUPUIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1338 STERLING PT. PLACE</b> City <b>GULF BREEZE</b> <b>FL</b> Zip Code <b>32563</b>	
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>ALCEE P. DUPUIS TREASURER</b> <b>7-24-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRESTIDGE, ANNA</b> <b>1330 STERLING POINT PLACE</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALCEE P. DUPUIS</b> <b>1338 STERLING PT. PL.</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURKE, MARK A</b> <b>3756 STERLING PT RD</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ALEXANDER, DEBRA</b> <b>1349 STERLING POINT PLACE</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEITH FARLEY</b> <b>1315 STERLING PT. DR.</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, LINDA</b> <b>1344 STERLING POINT PLACE</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNY SHOOPMAN</b> <b>3738 STERLING PT. RD</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEASON, CHARLES</b> <b>1320 STERLING POINT PLACE</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUG HYLAND</b> <b>1379 STERLING PT. DR</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARLOS FAUCET</b> <b>1354 STERLING PT. PL</b> <b>GULF BREEZE FL 32563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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. 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: <b>Alcee P. Dupuis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Alcee P. Dupuis</b> <b>7-24-05</b> <b>934-6757</b> <small>Date Daytime Phone #</small>		



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Division of Corporations

Annual Report

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Document Number

**N98000002999**

Business Entity Name

**STERLING POINT HOMEOWNERS ASSOCIATION, INC.**

FEI Number	434547068		
FEI Number Status	Applied For	Not Applicable	Current
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

Principal Place of Business

Address 1338 Sterling Point Place  
Suite, Apt. #, etc.  
City, State GULF BREEZE, FL  
Zip Code & Country 32563

Mailing Address

Address 1338 Sterling Point Place  
Suite, Apt. #, etc.  
City, State GULF BREEZE, FL  
Zip Code & Country 32563

Name And Address of Registered Agent

Name (Last, First, Middle, Title) Dupuis, Alcee, P,

-or- RA Business Name

Address (PO Box is not acceptable) 1338 Sterling Point Place

Suite, Apt. #, etc.

City, State GULF BREEZE, FL

Zip Code & Country 32563 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A

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business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

### Officer/Director Name And Address

Title D  
Name (Last, First, Middle, Title) Shoopman , Denny , ,

**-or-** Entity Name

Street Address 3738 STERLING POINT Road  
City, State GULF BREEZE , FL  
Zip Code & Country 32563

Title P  
Name (Last, First, Middle, Title) Farley , Keith , ,

**-or-** Entity Name

Street Address 1315 STERLING PT Dr  
City, State GULF BREEZE , FL  
Zip Code & Country 32563

Title D  
Name (Last, First, Middle, Title) Hyland , Doug , ,

**-or-** Entity Name

Street Address 1379 STERLING POINT Drive  
City, State GULF BREEZE , FL  
Zip Code & Country 32563

Title D  
Name (Last, First, Middle, Title) Faught , Carlos , ,

**-or-** Entity Name

Street Address 1354 STERLING POINT PLACE  
City, State GULF BREEZE , FL  
Zip Code & Country 32563

Title D  
Name (Last, First, Middle, Title) Burk , Mark , ,

**-or-** Entity Name

Street Address 3756 STERLING POINT PLACE  
City, State GULF BREEZE , FL  
Zip Code & Country

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32563

Title

T

Name (Last, First, Middle, Title) Dupuis, Alcee, P,

-or- Entity Name

Street Address 1338 Sterling Point Place

City, State Gulf Breeze, 32

Zip Code & Country 32563

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title TREASURER

Officer/Director Signature ALCEE P. DUPUIS

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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