## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N98000002999

STERLING POINT HOMEOWNERS ASSOCIATION, INC.



**FILED** Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90019 032 \*\*\*\*61.25

| 1338 STERLING POINT PLACE 13   |  |                     | ailing Address<br>338 STERLING POINT PLACE<br>ULF BREEZE, FL 32563 US |   |  |   | IBITI SBEL POM OCIN     | aom aone (121                  |           |                 |  |
|--|--|---------------------|---|---|--|---|-------------------------|--------------------------------|-----------|-----------------|--|
| 2. Principal P   | lace of Business - No P.O. Box #               | 3. Mailing Address  | ailing Address  |   |  |   |                         |                                |           |                 |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc. | Suite, Apt. #, etc.   |   |  | 02092008 Chg-NP CR2E037 (12/06)                     |                         |                                |           |                 |  |
| City & State   |  | City & State        | City & State  |   |  | 4. FEI Number Applied For 43-4547068 Not Applicable |                         |                                |           |                 |  |
| Zip  | Country  | Zip                 | Zip Coi   |   | 5. Certificate of Status Desired                 |   |                         | \$8.75 Additional Fee Required |           |                 |  |
|  | 6. Name and Address of Current I               | Registered Agent    | ed Agent  |   |  | 7. Name and Address of New Registered Agent         |                         |                                |           |                 |  |
|  | - Treatri                                      |                     |   | Name  |  |   |                         |                                |           |                 |  |
|  | ALCEE P<br>RLING POINT PLACE<br>EEZE, FL 32563 |                     |   | Street Address (P.O. Box Number is Not Acceptal |  |   |                         | )                              |           |                 |  |
| ٠  |  |                     | Cirl  |   |  |   |                         | FL                             | 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  Signature. Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE    |  |                     |   |   |  |   |                         |                                |           |                 |  |
| Anthomore i through usuar or influencian after and mine in abhinomer.  |  |                     |   |   |  |   |                         |                                |           |                 |  |
|  | 9. Election Cam<br>Trust Fund Co               |                     |   | \$5.0<br>Added                                  | <b>0</b> May Be<br>I to Fees                     | 1   |                         | payable to<br>ment of St       |           |                 |  |
| 10.  | OFFICERS AND DIF                               | RECTORS             | 11.   |   | ADDITIO  | ONS/CHANG   | ES TO OFFICER           | RS AND DIR                     | ECTORS IN | 10              |  |
| TITLE  | T  | ☐ Delete            | TITL  | E   | •  |   |                         |                                | ☐ Change  | ☐ Addition      |  |
| NAME   | DUPUIS, ALCEE P                                |                     | NAM   | IE  |  |   |                         |                                |           |                 |  |
| STREET ADDRESS   | 1338 STERLING POINT PLACE                      |                     |   | EET ADDRESS                                     |  |   |                         |                                |           |                 |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32563                          |                     | CITY  | '-ST-ZIP  |  |   |                         |                                |           |                 |  |
| TITLE  | D  | ☐ Delete            | TITL  | E   |  |   |                         |                                | ☐ Change  | ☐ Addition      |  |
| NAME   | STEWART, JERRY                                 |                     | NAM   |   |  |   |                         |                                |           |                 |  |
| STREET ADDRESS   | 1470 STERLING PT. DR                           |                     |   | EET ADDRESS                                     |  |   |                         |                                |           |                 |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32563                          | <u>-</u> -          | -   | '-ST-ZIP  |  |   |                         |                                |           |                 |  |
| TITLE  | P<br>FARLEY, KEITH                             | ☐ Delete            | TITU  | I   |  |   |                         |                                | ☐ Change  | ☐ Addition      |  |
| NAME<br>STREET ADDRESS   | 1315 STERLING POINT DRIVE                      |                     | NAM   | EET ADORESS                                     |  |   |                         |                                |           |                 |  |
| CITY-ST-ZIP  | GULF BREEZE. FL 32563                          |                     |   | '-ST-ZIP  |  |   |                         |                                |           |                 |  |
| TITLE  | D  | Delete              | TITL  | <del></del>                                     | SAV  | NES   | H,000                   | ER                             | Change    | Addition        |  |
| NAME   | SHOOPMAN, DENNY                                | L Delete            | NAM   | I   | 130  | 42 4  | TERLIN                  |                                |           | <del>y-</del> ) |  |
| STREET ADDRESS   | 3738 STERLING POINT ROAD                       |                     | STRE  | EET ADDRESS                                     |  | 2   | (-)(                    | EI                             | 17        | 13              |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32563                          |                     | CITY  | r-ST-ZIP  | 60   | LF KJ   | REEZE,                  |                                | 2 % 7     | 9               |  |
| TITLE  | D  | XI Delete           | TITU  | E   | LyD  | 11A F   | 14221                   | 2                              | ☐ Change  | Addition        |  |
| NAME   | HYLAND, DOUG                                   | • •                 | NAM   |   | 132  | u < 51  | ENLIN                   | 14 PT.                         | , PL      | / \             |  |
| STREET ADDRESS   | 1378 STERLING POINT DRIVE                      |                     |   | EET ADDRESS                                     | Gul  | EB  | TARRI<br>ENLIN<br>REEZH | EFL                            | 325       | 63              |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32563                          | <del></del>         | 1   | r-ST-ZIP  | <del>*************************************</del> | - r 10'   | · ```                   | ,                              |           | # 1 mm          |  |
| TITLE  | D CARLOS                                       | Delete              | TITL  | 1   | JEF  | + H   | ころ!                     | . " <b>D</b>                   | ☐ Change  | Addition        |  |
| NAME<br>Street address   | FAUGHT, CARLOS<br>1354 STERLING POINT DRIVE    | •                   | NAM   | LE<br>EET ADDRESS                               | 134  | FI ST   | FRLIN                   | 6 FF                           | FL c      | 314             |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32563                          |                     |   | -ST-ZIP   | 60   | LE B  | UNT<br>ERLIN<br>REEZ    | E FI                           | 7.2       | 163             |  |
|  |  |                     |   |   |  | -, -,   |                         |                                |           |                 |  |

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.

MCLL F. Many Street STATE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR