

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004740

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** STERLING HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2582 S. MAGGUIRE RD  
SUITE 318  
OCOOEE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 783367  
WINTER GARDEN, FL 34778 US

**New Mailing Address:**

**FEI Number:** 59-3560609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, SPENCER R  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787 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 ( ) Delete  
Name: GROOM, JANN  
Address: 908 COPEN HAGEN WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: KASH, PEGGY  
Address: 944 COPENHAGEN WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete  
Name: HALL, JAMES  
Address: 1058 COPENHAGEN WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: GONZALEZ, TONY  
Address: 1136 COPENHAGEN WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD ( ) Delete  
Name: GONZALEZ, SONYA  
Address: 1136 COPENHAGEN WAY  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SPENCER SOLOMON

RA

04/20/2009

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

\_\_\_\_\_  
Date