

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000930

FILED
Feb 22, 2009
Secretary of State

Entity Name: STARLING PLACE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5587 STARLING LOOP
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

5587 STARLING LOOP
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3632808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, MELODY A
5587 STARLING LOOP
LAKELAND, FL 33810 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: P () Delete
Name: MCBRIDE, MELODY
Address: 5587 STARLING LOOP
City-St-Zip: LAKELAND, FL 33810

Title: TS () Delete
Name: COUCH, CLIFF
Address: 5584 STARLING LOOP
City-St-Zip: LAKELAND, FL 33810

Title: V () Delete
Name: MIZELL, KEN
Address: PO BOX 91748
City-St-Zip: LAKELAND, FL 33804

Title: D () Delete
Name: FOLETT, JASON
Address: 5524 STARLING LOOP
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: HILL, CHAD
Address: 5528 STARLING LOOP
City-St-Zip: LAKELAND, FL 33810

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: MELODY MCBRIDE

P

02/22/2009

Electronic Signature of Signing Officer or Director

Date