2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N99000004222

Entity Name: STERLING WOODS NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

160 WEST EVERGREEN AVE SUITE 271
LONGWOOD, FL 327505271 US

New Principal Place of Business:

Current Mailing Address:

160 WEST EVERGREEN AVE SUITE 271
LONGWOOD, FL 327505271 US

New Mailing Address:

160 WEST EVERGREEN AVE
SUITE 271
LONGWOOD, FL 327505271 US

FEI Number: 59-3591927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC.
160 WEST EVERGREEN AVE SUITE 271
LONGWOOD, FL 327505271 US

Name and Address of New Registered Agent:

MELINDA MAGUIRE & ASSOCIATES, LLC.
160 WEST EVERGREEN AVE
SUITE 271
LONGWOOD, FL 327505271 US

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: _____ 02/11/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARTHOLOMEW, CHRISTOPHER C
Address: 103 SABLE ISLE CT
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete
Name: TEMMEL, TOM
Address: 104 SABLE ISLE CT
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete
Name: ARISMAN, PETER
Address: 142 STERLING PINE ST
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete
Name: ENRIGHT, BRIAN
Address: 128 OAK VIEW PLACE
City-St-Zip: SANFORD, FL 32773

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:

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: CHRISTOPHER BARTHOLOMEW PD 02/11/2009
Electronic Signature of Signing Officer or Director — Date