

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004222

FILED
Apr 06, 2010
Secretary of State

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:

160 WEST EVERGREEN AVE
SUITE 271
LONGWOOD, FL 327505271 US

Current Mailing Address:

160 WEST EVERGREEN AVE
SUITE 271
LONGWOOD, FL 327505271 US

New Mailing Address:

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:

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
Name: BARTHOLOMEW, CHRISTOPHER C
Address: 103 SABLE ISLE CT
City-St-Zip: SANFORD, FL 32773

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

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

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

Title: D
Name: GORDON, FOMEKA
Address: 108 PINE ISLE DRIVE
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER BARTHOLOMEW

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date