

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90034 049 ***150.00

DOCUMENT # P03000089631

1. Entity Name
STERLING RESORT GROUP CORPORATION



Principal Place of Business
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401

2. Principal Place of Business
3416 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2346
Suite, Apt. #, etc.



01312004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number
16-1680233

Applied For
Not Applicable

Zip
33405

Country
USA

Zip
33480

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

Name
R. Perry Harris
Street Address (P.O. Box Number is Not Acceptable)
3416 South Dixie Highway
City **West Palm Beach** **FL** **Zip Code** **33405**

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 *R. Perry Harris* **R. Perry Harris** **2/11/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition R. Perry Harris 3416 South Dixie Highway West Palm Beach, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard G. Winkler 20 Fresh Meadow Road Wakefield, RI 02879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Kearns 577 Sandy Point Avenue Portsmouth, RI 02871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

SIGNATURE:

Richard G. Winkler

Richard G. Winkler

2/11/07

401-862-4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #