

2005 FOR PROFIT CORPORATION ANNUAL REPORT

01-26-2005 90031 020 ***158.75
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DOCUMENT # P03000157317					
1. Entity Name STERLING BANK					
Principal Place of Business 1189 HYPOLUXO RD LANTANA, FL 33462			Mailing Address 1189 HYPOLUXO RD LANTANA, FL 33462		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2520475				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent William A. Schofield, SVP c/o Sterling Bank 1189 Hypoluxo Road Lantana, FL 33462			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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: <u>William A. Schofield</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>1/18/05</u> (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing ☐ Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. DELETIONS OF OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ALBRIGHT, DAVID G. 1189 HYPOLUXO RD LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Jeffrey Ostrow 10251 Lone Star Place Davie, FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BAVELIS, GEORGE A 5254 45TH AVE 500 S. Ocean Blvd #1007 COLUMBUS, OH 43201 Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete COPULOS, THOMAS 1000 NW 9TH CT, STE 106 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PERRY, CRAIG 42554 WILEY RD 825 Coral Ridge Dr. CORAL SPRINGS, FL 33076 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SIGALOS, GEORGE L 120 E PALMETTO PARK RD, Suite 100 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete VOGEL, THOMAS A 316 ROYAL PLAZA DR 305 S. Andrews Ave. FT LAUDERDALE, FL 33301 #801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>William A. Schofield</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			William A. Schofield; SVP 1/17/05 561-656-3090 Date Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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