

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 035 \*\*\*158.75

**DOCUMENT # P03000157317**

1. Entity Name  
**STERLING BANK**



Principal Place of Business  
**1189 HYPOLUXO RD  
LANTANA, FL**

Mailing Address  
**1189 HYPOLUXO RD  
LANTANA, FL**

**60001716**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-2520475**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**William A. Schofield, SVP  
c/o Sterling Bank  
1189 Hypoluxo Road  
Lantana, Florida 33462**

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 William A. Schofield, SVP

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ALBRIGHT, DAVID G**  
STREET ADDRESS **1189 HYPOLUXO RD**  
CITY-ST-ZIP **LANTANA, FL**

TITLE **D** ☐ Delete  
NAME **BAVELIS, GEORGE A**  
STREET ADDRESS **500 S. OCEAN BLVD. #1007**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Delete  
NAME **COPULOS, THOMAS**  
STREET ADDRESS **1000 NW 9TH CT, STE 106**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☐ Delete  
NAME **SIGALOS, GEORGE L**  
STREET ADDRESS **120 E PALMETTO PARK RD, SUITE 100**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Delete  
NAME **VOGEL, THOMAS A**  
STREET ADDRESS **305 S. ANDREWS AVE. #801**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Jeffrey Ostrow**  
STREET ADDRESS **10251 Lone Star Place**  
CITY-ST-ZIP **Davie, Florida 33328**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dr. Peter Clarkson**  
STREET ADDRESS **3030 Scioto Estates Court**  
CITY-ST-ZIP **Columbus, OH 43221**

TITLE **D** ☐ Change ☒ Addition  
NAME **Stanley Daniel Economos**  
STREET ADDRESS **347 N. New River Drive East**  
CITY-ST-ZIP **Fort Lauderdale, Florida 33301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William A. Schofield

**William A. Schofield, SVP**

**1/10/06**

**561.656.3090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #