


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 009 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2520475	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, DAVID G 1189 HYPOLUXO RD LANTANA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr Peter Clarkson 3030 Scioto Estates Court Columbus OH 43221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAVELIS, GEORGE A 500 S. OCEAN BLVD. #1007 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanley D. Economos 4000 N. Federal Hwy., Ste #206 Boca Raton FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPULOS, THOMAS 1000 NW 9TH CT, STE 106 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Thomas Copulos	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGALOS, GEORGE L 120 E PALMETTO PARK RD, SUITE 100 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sigalos, George 3839 NW Boca Raton Blvd., Ste #100 Boca Raton FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, THOMAS A 305 S. ANDREWS AVE #126 FT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROW, JEFFREY 350 E. LAS OLAS BLVD STE 1440 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ostrow, Jeffrey 200 SW 1st Ave., Ste #1200 Fort Lauderdale FL 33301	
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: <u>William Schofield</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
William Schofield SVP & CFO			561/656-3090		
Date			Daytime Phone #		