Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90010 046 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000077243**1. Corporation Name

STERLING HOMES OF INDIAN RIVER, INC.

Principal P ace	e of Business	Mailing Address	Mailing Address				/Biii 88/II 88/		ANTE NAMED ATTACK
1759 CEDAR LANE		1759 CEDAR LANE			1				
VERO BEACH FL 32963		VERO BEACH FL 32963			DO NOT WE	ITE IN TE	IS SPACE		
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						11/08/1993			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Apriled For
21	ace of Eddinion	26			65-0455663		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional			
		27			5. Certificate of Status Desired		Fee	Required	
City & State	8	City & State			6. Election Campaign Financing			00 May Be	
23		28			Trust Fund Contribution			ed to Fees	
Zip	Cour try	Zip		ountry		8. This corporation owes the cur	rent year	ntangible Yes	No
24	25	29	30	_		Persor al Property Tax. 10. Name and Address of New	Pagistare		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New	Registere	u Aguin	
HENDERSON, STEVE L				Ш					
	BEACHLAND			82	Street Ac	dress (P.O. Box Number is Not Accep	table)		
	O BEACH FL 32963			83					
				Ш					
				84	City		F	L 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the	above	named cc	rporation submits this statement for the	e purpose	of changing	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	ા Florida. Such change was ક	iuthori26	ed by t	he corpora	tion's board of cirectors. I hereby acce	ept the app	ointment as	reg stered
- -3 -	in familial with and accept the obligati	7/10 01, 000/01/ 001/0000/ 1/							,
SIGNATURE	Signature, typed or printed nar re of registered agent	and title if applicable. (NOT)	: Register	ed Agent	signature requ	red when reinstating)	DATE		
12.	OFFICERS AND		13	•		ADDITIONS/CHANGES TO O	FFICERS		
TITLE	D	☐ DELETE	1.1 TITLE					Chang	ge
NAME	PULLEN, RICHARD T		1,2 NAME		Ì				
STREET ADDRE 3S	100 OLD II. Date				ADDRESS				
CITY-ST-ZIP				CITY-ST	ZIP			Chang	ge Addition
TITLE	D			TITLE				□ cuané	jeAddition
NAME	DIMARZO, JAMES W		2.2 NAME						
STREET ADDRESS	3505 OCEAN DR		2,3 STREET ADD						
CITY-ST-ZIP	VERO BEACH FL 32963			CITY-ST	- ŹIP			Chang	ge Addition
TITLE	D	DELETE	3.1 TITLE					C) Online	je
NAME	HERMES, TIMOTHY			NAME	<u>.</u> j				
STREET ADORE: S	0.00		3,3 STREET ADDRESS 3,4 CITY-ST-ZIP						
CITY-ST-ZIP	VERO BEACH FL 32963				-ZIP			Chang	ge Addition
TITLE		T) DELETE	4.1 TITLE 4.2 NAME						,,
NAME									
STREET ADDRES S					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE		ZIP			Chang	ge Addition
TITLE		□ percie		NAME				_ 5	
NAME					ADDRESS				İ
STREET ADDRESS				CITY-ST					
CITY-ST-ZIP TITLE		☐ DELETE		TITLE	-"			Chang	ge Addition
		LJ BEEE/C		NAME				<u> </u>	
NAME					ı				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP