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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000006831 (7) DOCUMENT # 1. Corporation Name

STERLING WINDSOR HOMES INC.

Principal Place of Business Mailing Address 1082 ERIC COURT 1082 ERIC COURT INSSMMEE PL 94744 1082 ERIC COURT INSMMMEE PL 94744 1082 ERIC COURT INSMMEE PL 94744 1082 ERIC COU																
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2. Principal Place of Business 2a. Meiling Address 4. Fet Number Applied For 21 26 59.3356817 Not Applicable 22 27 5. Certificate of Status Desired 58.75 Additional 22 27 5. Certificate of Status Desired 58.75 Additional 23 29 Country 21 20 Country 21 25 26 27 24 25 29 30 Personal Property Tax Leve June 20. Yes Involved 25 26 27 27 28 29 30 Personal Property Tax Leve June 20. Yes Involved 26 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 27 MOTH, DAVID 18 Name 28 Sirrest Address of New Registered Agent 10. Name and Address of New Registered Agent 29 Sirrest Address of New Registered Agent 10. Name and Address of New Registered Agent 31 Name 32 Sirrest Address of New Registered Agent 10. Name and Address of New Registered Agent 34 City City																
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25 29 30 Personal Property Tax due June 30. Yes No.			Cour	itry		Zip	Co	untry	,		8. This corporation ow	es or has pa	d the cur	rent year	Intangib	le
MOTH, DAVID 1082 ERIC COURT KISSIMMEE FL 34744 1082 ERIC COURT KISSIMMEE FL 34744 1083 Bat City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printername of registered agent and tilise if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MAME MOTH, DAVID 14. CITY-ST-ZIP TITLE 1. STREET ADDRESS 1. STREET ADD	24	[25		29		30									
MOITH, DAVID 1091 A 1092 ERIC COURT KISSIMMEE FL 34744 82 Street Address (P.O.Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and fille if applicable (NOTE: Registered Agent signature required when reinzeaths) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE MAME MOTH, DAVID 12. MAME MOTH, DAVID 13. STREET ADDRESS 1482 ERIC COURT KISSIMMEE FL 34744 14. CITY-ST-ZP KISSIMMEE FL 34744 14. CITY-ST-ZP TITLE DELETE 21. TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition		9. Name :	and Add	ress of Current	Regis	tered Agent		Ι			10. Name and Address	of New Re	gistered .	Agent		
10-11 A 10-82 ERIC COURT RISSIMMEE FL 34744 82 Street Address (P.OBox Number is Not Acceptable) PL 85 Zip Code	MO	TH. DAVID						81	Name							,
KISSIMMEE FL 34744 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalting) DATE			URT					82	Street	Addres	s (P.OBoy Number is N	lot Acceptab	[e]			
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14. Thereby certify that the information su indicated on this annual report or supportion of the corporation of Block 12 or Block 13 if changed, or or les not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information I is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

FILED

Feb 09 1998 8:00am

Secretary of State

407-857-9755

Change

Addition