2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000021910

Entity Name: STERLING COMMUNITIES, INC

BOCA RATON, FL 33432

City-St-Zip:

FILED May 29, 2009 Secretary of State

	OTEKE	vo commontrillo, irvo.		
Current Principal Place of Business:			New Principal Place of Business:	
3581 LAGO DE TALAVERA LAKE WORTH, FL 33467 Current Mailing Address:			3090 CANTERBURY DRIVE BOCA RATON, FL 33443 New Mailing Address:	
FEI Number	: 65-0647055	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
120 EAST	R, HOWARD PALMETTO F TON, FL 334:	PARK ROAD SUITE 100 32 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PSTD (ASFAHL, PAU 3090 CANTER BOCA RATON	BURY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MONTGOMER 223 MARLBOI	() Delete Y, MATTHEW J ROUGH ROAD BEACH, FL 33405	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NOONAN, DEI 4831 DORCHI	() Delete NNIS M ESTER MEWS BEACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VP (X GISMONDI, R 1600 SABAL F		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAUL W ASFAHL PSTD 05/29/2009