## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 709785** 

Entity Name: STERLING VILLAGE CONDOMINIUM INC.

FILED
Mar 08, 2019
Secretary of State
8545613145CC

## **Current Principal Place of Business:**

500 SOUTH FEDERAL HWY. BOYNTON BEACH. FL 33435

## **Current Mailing Address:**

SEACREST SERVICES 2101 CENTREPARK W DR 110 WEST PALM BEACH. FL 33409 US

FEI Number: 59-1111572 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

BACKER LAW FIRM PA 400 S DIXIE HIGHWAY STE 420 BOCA RATON, FL 33432 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

204

Officer/Director Detail:

304

Title PRESIDENT Title VP

Name BUONI, BONI "BUTCH" Name MATTHEWS, GARY

Address 450 HORIZONS E Address 200 HORIZONS W

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

Title TREASURER Title SECRETARY

Name NUGENT. MARGARET Name WIBLE. BONNIE

Address 610 HORIZONS E Address 660 HORIZONS W 306 101

21. FOVATON PEAGLE 1 20105

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR Title DIRECTOR

Name LEONARDI, CARL Name DIGIOVANNI, BART

Address 350 HORIZONS E Address 12925 COVENTRY LANE

City-State-Zip: HUNTLEY IL 60142

City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR
Name KEOGH, JOHN

Address 620 HORIZONS W

210

City-State-Zip: BOYNTON BEACH FL 33435

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONI " BUTCH" BUONI PRESIDENT 03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Date