


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90059 021 ****61.25

DOCUMENT # N0000007111					
1. Entity Name STERLING ISLES COMMONS ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DR., #206 NAPLES, FL 34103		Mailing Address 1044 CASTELLO DR., #206 NAPLES, FL 34103			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3738258	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTHWEST PROPERTY MANAGEMENT CORP 1044 CASTELLO DR., #206 NAPLES, FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDERMAN, KRISTEN		NAME	JIM SWANSON	
STREET ADDRESS	9800 GLADIOLUS DRIVE, SUITE 320		STREET ADDRESS	6924 STERLING GREENS PLACE #406	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFIORE, CORA		NAME	BRIAN CASSELL	
STREET ADDRESS	3300 UNIVERSITY DR.		STREET ADDRESS	6854 STERLING GREENS DR. #101	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL, MARY ANN		NAME	PHILIP MARQUARD	
STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 320		STREET ADDRESS	6833 STERLING GREENS DR. # 201	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	LARRY BERONJA	
STREET ADDRESS			STREET ADDRESS	6816 STERLING GREENS DR. #201	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 617, 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>James E Swanson</u>			Date: <u>March 30, 05</u> Daytime Phone #: <u>239-793-3609</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					