2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

					Ci Ctai y	OI DIG	111	
DOCUMENT # N0000007111 1. Entity Name STERLING ISLES COMMONS ASSOCIATION, INC.				'	5-01-2006 90341			
Principal Place 1044 CASTEL NAPLES, FL	LO DR., #206	Mailing Address 1044 CASTELLO DR., #206 NAPLES, FL 34103		400 (e	THE			
2. Principal Place of Business CIO Treson Management		3. Mailing Address Clo Roscat Management						
Suite Apt. #, etc. 2195 Hoseshoe Dr. 5.*215 City & State		Suite, Apt. #, etc. ZUBS HORSHOE D. S. # ZIS City & State		04142006 CI 4. FEI Number 59-373825		·	plied For	
Noudes, FL		NavaesiFL		39-373023	0		Applicable	
Zip 34104	Country USA 6. Name and Address of Current F	34104	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
SOUTHWEST PROPERTY MANAGEMENT CORP 1044 CASTELLO DR., #206 NAPLES, FL 34103				PLES FL. 34104 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2006 Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable.								
40		ECTORS	T 44		ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, JIM 6829 STERLING GREENS PLAC NAPLES, FL 34104	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS AND	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSELL, BRIAN 6854 STERLING GREENS DR., # NAPLES, FL 34104	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRUARD, PHILIP 6833 STERLING GREENS DR, # NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERONSA, LARRY 6816 STERLING GREENS DR, # NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #