


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 010 \*\*\*\*61.25

DOCUMENT # N00000007111			
1. Entity Name STERLING ISLES COMMONS ASSOCIATION, INC.			
Principal Place of Business C/O ROSO MANAGEMENT (Resort) 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104		Mailing Address C/O ROSO MANAGEMENT (Resort) 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
03192007		Chg-NP	
CR2E037 (12/06)		4. FEI Number 59-3738258	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
(BERUNJA) VLADIMIR L <i>Berolja, Larry</i> 6816 STERLING GREENE PL #106 NAPLES, FL 34104		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 <i>Vladimir L. Berolja</i>		DATE <i>4-4-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, JIM 6829 STERLING GREENS PLACE # 406 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Swanson, James 6824 Sterling Greens Pl # 406 Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSELL, BRIAN 6854 STERLING GREENS DR., # 101 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leibfried, Helen 6898 Sterling Greens Ct. # 101 Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRUARD, PHILIP 6833 STERLING GREENS DR, # 201 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and S Margvand, Elaine 6833 Sterling Greens Dr #201 Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERONSA LARRY 6816 STERLING GREENS DR. # 201 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Berolja, Larry 6816 Sterling Green Dr # 106 Naples FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James C Swanson</i>		Date: <i>April 13, 07</i> Daytime Phone #: <i>739-793 3609</i>	

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