

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 049 ****61.25

DOCUMENT # N01000005645

1. Entity Name
STERLING LAKES II CONDOMINIUM ASSOCIATION, INC.



40102281



Principal Place of Business
**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S # 215
NAPLES, FL 34104**

Mailing Address
**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S # 215
NAPLES, FL 34104**

2. Principal Place of Business - No P.O. Box #
C/O ANCHOR ASSOCIATES
Suite, Apt. #, etc.
3940 RADIO RD # 111

3. Mailing Address
C/O ANCHOR ASSOCIATES
Suite, Apt. #, etc.
3940 RADIO RD # 111

02102007 Chg-NP CR2E037 (12/06)

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3738256

Applied For
☐ Not Applicable

Zip
34104

Country
USA

Zip
34104

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTELL, BARBARA
6890 STERLING GREENS DR
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name
ANCHOR ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
3940 RADIO RD # 111

L

City **NAPLES** FL Zip Code **34104**

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

Shirley Hingshaw

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**DS
ENGLE, CAROLE
6858 STERLING GREENS DR SUITE 201
NAPLES, FL 34104** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
OWENS DENNIS
6863 STERLING GREENS DR 101
NAPLES FL 34104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
LIEFRIED, HELEN
6898 STERLING GREENS CT SUITE 101
NAPLES, FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
ANELLO, JOHN
6862 STERLING GREENS DR SUITE 201
NAPLES, FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CARDONE, FRANK
6846 STERLING GREENS DRIVE, #201
NAPLES, FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPTD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COLVIN DEBRA
6878 STERLING GREENS COURT 101
NAPLES FL 34104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ☐ 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

4/30/07

Date

Daytime Phone #