

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91055 024 \*\*\*\*61.25

**DOCUMENT # N01000005645**

1. Entity Name

**STERLING LAKES II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**1403 GLEN EAGLE BLVD.  
NAPLES FL 34104**

Mailing Address

**1044 CASTELLO DRIVE  
STE 206  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **69-3738256**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWALM & BOURGEOU, P.A.  
1044 CASTELLO DR, STE 206  
NAPLES FL 34103**

Name **Southwest Property Management Corp.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1044 Castello Dr., # 206**  
City **Naples,** FL Zip Code **34103**

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

*J.G. Gibson* **J.G. Gibson SW Property Mgmt**

**4/15/03**

Signature/typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, STEVEN</b>	
STREET ADDRESS	<b>1403 GLEN EAGLE BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	TDSD	<input checked="" type="checkbox"/> Delete
NAME	<b>DIFIORE, CORA</b>	
STREET ADDRESS	<b>1403 GLEN EAGLE BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHNEIBERMAN, MARC</b>	
STREET ADDRESS	<b>1514 GLEN EAGLE BLVD. EAST</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Murphy, Suzanne</b>	
STREET ADDRESS	<b>6866 STIRLING GREENS DR 101</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sanford, Chuck</b>	
STREET ADDRESS	<b>6842 STIRLING GREENS DR 101</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	VDSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stafford, Edward</b>	
STREET ADDRESS	<b>6859 STIRLING GREENS DR 101</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Charles A. Sanford* **REQUIRED**

**4/15/03**

CR2E037 (10/02)