

FILED
Jun 23, 2004 8:00 am
Secretary of State

5/3/20

05-03-2004 90755 006 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66428864



DOCUMENT # N02000004591					
1. Entity Name SWEETWATER BAY V AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O 822 STERLING OAKS BLVD NAPLES, FL 34110			Mailing Address C/O 822 STERLING OAKS BLVD NAPLES, FL 34110		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number APPLIED FOR 02-0663463			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		
SPEECHLY, SAM 822 STERLING OAKS BLVD NAPLES, FL 34110			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		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTNEY, JOCK		NAME	Hal Bessinger	
STREET ADDRESS	C/O 822 STERLING OAKS BLVD		STREET ADDRESS	822 Sterling Oaks	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Richard Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE, TIRSO S		NAME	Richard Lewis	
STREET ADDRESS	C/O 822 STERLING OAKS BLVD		STREET ADDRESS	822 Sterling Oaks	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Homeer Odum	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDIVIA, ALBERT		NAME	Homeer Odum	
STREET ADDRESS	C/O 822 STERLING OAKS BLVD		STREET ADDRESS	822 Sterling Oaks	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	Art Sam	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	C.S. SPEECHLY, Sr.	
STREET ADDRESS			STREET ADDRESS	8322 Cypress Ln	
CITY-ST-ZIP			CITY-ST-ZIP	Naples FL 34112	
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)(f), 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:		Date: 5/27/04		Daytime Phone: 239-289-4213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	