


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 049 ****61.25

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
6. Name and Address of Current Registered Agent SPEECHLY, SAM 822 STERLING OAKS BLVD NAPLES, FL 34110		7. Name and Address of New Registered Agent Name: WHITE, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable): 2310 Della Dr. City: Naples, FL 34117	
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: <u>William D. White</u> WILLIAM D. WHITE DATE: <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MCCARTNEY, JOCK STREET ADDRESS: C/O 822 STERLING OAKS BLVD CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: BESSINGER, HALSEY STREET ADDRESS: 1320 Sweetwater Cove #102 CITY-ST-ZIP: Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LEVINE, RICHARD STREET ADDRESS: C/O 822 STERLING OAKS BLVD CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ODOM, HOMER STREET ADDRESS: C/O 822 STERLING OAKS BLVD CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE: D-ST NAME: ODOM, HOMER STREET ADDRESS: 5000 Estero Blvd CITY-ST-ZIP: Fort Myers, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: SPEECH, C.S. JR STREET ADDRESS: 5332 CYPRESS LN CITY-ST-ZIP: NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE: ASM NAME: Maghnagi, Bettina STREET ADDRESS: 171 Commercial Blvd CITY-ST-ZIP: Naples FL 34104	<input type="checkbox"/> Change <input checked="" 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 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: <u>Bettina Maghnagi</u> BETTINA MEGHNAGI DATE: <u>5/2/05</u> (239) 352-6780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			



04302005 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0663463 Applied For Not Applicable

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