2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 13, 2004 8:00 am Secretary of State DOCUMENT # N03000009109 1 05-13-2004 90014 007 ****61 25 STERLING GREENS I CONDOMINIUM ASSOCIATION Principal Place of Business Mailing Address 1403 GLEN EAGLE BLVD 1403 GLEN EAGLE BLVD 54054294 NAPLES, FL 34104 NAPLES, FL 34104 3. Mailing Address 2. Principal Place of Business Mailing Address: Suite, Apt. #, etc. 03222004 Chq-NP CR2E037 (10/03) C/O Southwest Property Mgmt. 1044 Castello Drive #206 City & State 4. FEI Number Applied For 20-0175754 Naples, FL 34103 Not Applicable **USA** Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **SWALM & BOURGEAU PA** Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TR STE 308 NAPLES, FL 33940 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9: Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be. Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE TITLE Delete ☐ Addition Schneidernan, Marc NAME SCHNEIDERMAN, MARC NAME 9400 Cladiolus Drine Suite 320 STREET ADDRESS 1403 GLEN EAGLE BLVD STREET ADDRESS Ft. Meyers CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP D ☐ Delete TITLE Change 🔲 Addition Crowell, Mary Ann 9400 adalish Drive Suite 320 CROWELL, MARY ANN NAME STREET ADDRESS 1403 GLEN EAGLE BLVD STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP D -☐ Delete TITLE TITLE CRANK, JOSEPH NAME NAME STREET ADDRESS 1403 GLEN EAGLE BLVD STREET ADDRESS 7400 Citadiolus CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change. Addition NAME NAME STREET ADDRESS 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 region or trustee employee do execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED