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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004045

1. Corporation Name

STERLING OAKS COMMUNITY ASSOCIATION AND CLUB, INC.

* 5 4 540225 - 90288 - 43 5 *

Principal Place of Business
16990 N. TAMiami TRAIL
NAPLES FL 33963

Mailing Address
16990 N. TAMiami TRAIL
NAPLES FL 33963



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0481606

Applied For

- Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRONIN, DENNIS P
1167 3RD ST. SOUTH
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DP DELETE
NAME KAYE, STUART
STREET ADDRESS 16990 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME KAYE, JAY
STREET ADDRESS 16990 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME REESE, SHIRLEY
STREET ADDRESS 16990 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

3.1 TITLE Change Addition
3.2 NAME ROE WRIGHT, ROE
3.3 STREET ADDRESS 822 STERLING OAKS BLVD
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT WRIGHT II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/99 566-1575

CR2E037 (11/98)

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