

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90026 003 ****61.25

DOCUMENT # N93000004045

1. Entity Name

STERLING OAKS COMMUNITY ASSOCIATION AND CLUB, IN

Principal Place of Business

16990 N. TAMiami TRAIL
 NAPLES FL 33963

Mailing Address

16990 N. TAMiami TRAIL
 NAPLES FL 33963

550548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Naples, FL

City & State

34110 US

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

822 Stealing Oaks Blvd Naples, FL

City & State

34110 US

Zip

Country

4. FEI Number

65-0481606

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STUART, KAYE O
16990 TAMiami TRAIL N
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

C.S. SPEECH, Jr

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

822 Stealing Oaks Blvd

City

Naples

FL

Zip Code

34110

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.

SIGNATURE

C.S. SPEECH, Jr G.M

C.S. SPEECH, Jr G.M 5/11/01

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

(NOTE: Registered Agent signature required when existing)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAYE, STUART 16990 TAMiami TRAIL N. NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAYE, JAY 16990 TAMiami TRAIL N. NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGTH, ROB 822-STERLING OAKS-BLVD NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROCCO, WILLIAM 16990 TAMiami TRAIL N. NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>822 Stealing Oaks Blvd Naples, FL 34110</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>822 Stealing Oaks Blvd Naples FL 34110</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary/Treasurer C.S. SPEECH, Jr 822 Stealing Oaks Blvd Naples FL 34110</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard Corcoran 822 Stealing Oaks Blvd Naples, FL 34110</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 title empowered.

SIGNATURE: *SPEECH, Jr* REQUIRED *SPEECH, Jr* 5/11/01

CR2E037 (10/00)