


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 011 ****70.00

DOCUMENT # N93000004045

1. Entity Name
STERLING OAKS COMMUNITY ASSOCIATION AND CLUB, INC.



Principal Place of Business
**822 STERLING OAKS BLVD
 NAPLES, FL 34110**

Mailing Address
**822 STERLING OAKS BLVD
 NAPLES, FL 34110**

54063490



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07012004 Chg-NP CR2E037 (10/03)

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

**LEPAGE, BRENDA
 822 STERLING OAKS BLVD
 NAPLES, FL 34110**

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTNEY, JOCK	
STREET ADDRESS	822 STERLING OAKS BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDIVA, ALBERT	
STREET ADDRESS	822 STERLING OAKS BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SPEECHLY, C. S. JR	
STREET ADDRESS	822 STERLING OAKS BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITNEY, WILLIAM	
STREET ADDRESS	822 STERLING OAKS BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tinso San Jose	
STREET ADDRESS	822 Sterling Oaks Blvd.	
CITY-ST-ZIP	Naples, Fl. 34110	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Corcoran	
STREET ADDRESS	822 Sterling Oaks Blvd.	
CITY-ST-ZIP	Naples, Fl. 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *[Signature]* **7-12-2004** **239-566-1575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #