

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005645

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC5333169290**

**Entity Name:** STERLING LAKES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6704 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109

**FEI Number:** 59-3738256

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRACELAND, BUZZ  
Address        6842 STERLING GREENS DR #101  
City-State-Zip: NAPLES FL 34104

Title            TREASURER  
Name            MOSS, PAUL  
Address        6854 STERLING GREENS DR #101  
City-State-Zip: NAPLES FL 34104

Title            SECRETARY  
Name            ABBOTT, ELIZABETH  
Address        6890 STERLING GREENS DR #101  
City-State-Zip: NAPLES FL 34104

Title            VICE PRESIDENT  
Name            ANELLO, JOHN  
Address        6862 STERLING GREENS DR, #201  
City-State-Zip: NAPLES FL 34104

Title            DIRECTOR  
Name            OWENS, DENNIS  
Address        6863 STERLING GREENS DR #101  
City-State-Zip: NAPLES FL 34104

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BUZZ BRACELAND

**PRESIDENT**

**03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date