
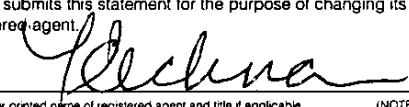
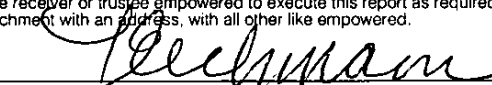


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90476 039 \*\*\*\*61.25

<b>DOCUMENT # N02000005656</b> 1. Entity Name <b>STERLING GREENS II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103</b>			Mailing Address <b>C/O SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103</b>		
2. Principal Place of Business <b>C/O Resor Management</b> Suite, Apt. #, etc. <b>2695 Horseshoe Dr.S.#215</b> City & State <b>Naples, FL</b> Zip <b>34104</b>		3. Mailing Address <b>C/O Resor Management</b> Suite, Apt. #, etc. <b>2695 Horseshoe Dr.S.#215</b> City & State <b>Naples, FL</b> Zip <b>34104</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-0175768</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DR #206 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name: <b>TODD V. EICHMANN</b> Street Address (If Box Number is Not Acceptable) <b>6824 STERLING GREENS PL</b> <b>NAPLES FL</b> <b>34104</b> City <b>FL</b> 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					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>SWANSON, JAMES</b> <input type="checkbox"/> Delete STREET ADDRESS <b>6824 STERLING GREENS PLACE, # 404</b> CITY-ST-ZIP <b>NAPLES, FL 34104</b>	TITLE <b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>James Castaldi</b> STREET ADDRESS <b>6824 Sterling Greens Place #104</b> CITY-ST-ZIP <b>Naples, FL 34104</b>		TITLE <b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Charles Bawinghine</b> STREET ADDRESS <b>6824 Sterling Greens Place #1304</b> CITY-ST-ZIP <b>Naples, FL 34104</b>		
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>GUERRERO, MICHELLE</b> STREET ADDRESS <b>6828 STERLING GREENS PLACE, # 106</b> CITY-ST-ZIP <b>NAPLES, FL 34104</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Thomas Laughran</b> STREET ADDRESS <b>6824 Sterling Greens Place #306</b> CITY-ST-ZIP <b>Naples, FL 34104</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME  STREET ADDRESS  CITY-ST-ZIP  		
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>EICHMAN, TODD</b> STREET ADDRESS <b>6824 STERLING GREENS PKACE, # 202</b> CITY-ST-ZIP <b>NAPLES, FL 34104</b>	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  		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP  	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  		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP  	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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

**50017562**



04142006 Chg-NP CR2E037 (11/05)