

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 011 \*\*\*\*61.25

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<b>DOCUMENT # N02000005656</b>					
<b>1. Entity Name</b> STERLING GREENS II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215 NAPLES, FL 34104 US			<b>Mailing Address</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215 NAPLES, FL 34104 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01272007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 20-0175768				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RICHMANN, TODD V 6824 STERLING GREENS PLACE NAPLES, FL 34104			Name <u>Swanson, James</u> Street Address (P.O. Box Number is Not Acceptable) <u>6824 Sterling Greens Place, # 406</u> <u>Naples, FL</u> <u>34104</u> City <u>FL</u> Zip Code		
<input checked="" type="checkbox"/> <b>Delete</b>					
<b>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.</b>					
SIGNATURE <u>James C Swanson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>March 15, 2007</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>TITLE</b> P	<input type="checkbox"/> Delete				
<b>NAME</b> SWANSON, JAMES					
<b>STREET ADDRESS</b> 6824 STERLING GREENS PLACE # 404					
<b>CITY-ST-ZIP</b> NAPLES, FL 34104					
<b>TITLE</b> DVP	<input type="checkbox"/> Delete				
<b>NAME</b> COSTALDI, JAMES					
<b>STREET ADDRESS</b> 6824 STERLING GREENS PLACE SUITE 106					
<b>CITY-ST-ZIP</b> NAPLES, FL 34104					
<b>TITLE</b> T	<input type="checkbox"/> Delete				
<b>NAME</b> EICHMAN, TODD					
<b>STREET ADDRESS</b> 6824 STERLING GREENS PKACE, # 202					
<b>CITY-ST-ZIP</b> NAPLES, FL 34104					
<b>TITLE</b> DS	<input type="checkbox"/> Delete				
<b>NAME</b> BOURNSTINE, CHARLES					
<b>STREET ADDRESS</b> 6824 STERLING GREENS PLACE SUITE 304					
<b>CITY-ST-ZIP</b> NAPLES, FL 34104					
<b>TITLE</b> D	<input type="checkbox"/> Delete				
<b>NAME</b> LAUGHRAN, THOMAS					
<b>STREET ADDRESS</b> 6824 STERLING GREENS PLACE SUITE 306					
<b>CITY-ST-ZIP</b> NAPLES, FL 34104					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> Swanson, James					
<b>STREET ADDRESS</b> 6824 Sterling Greens PL #406					
<b>CITY-ST-ZIP</b> Naples, FL 34104					
<b>TITLE</b> VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> Costaldi, James					
<b>STREET ADDRESS</b> 6824 Sterling Green Pl # 106					
<b>CITY-ST-ZIP</b> Naples FL 34104					
<b>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>					
<b>SIGNATURE: James Swanson (James Swanson) March 15, 2007 239-793-3609</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					