2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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

1. Entity Name STERLING GREENS II CONDOMINIUM ASSOCIATION,



INC.								
C/O RESORT MANAGEMENT C/O RESOR 2685 HORSESHOE DRIVE SOUTH SUITE 215 2685 HORS		Mailing Address C/O RESORT MANAGEI 2685 HORSESHOE DR NAPLES, FL 34104	ORT MANAGEMENT ORSESHOE DRIVE SOUTH SUITE 215		40091			1191 FI FT81
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272007 _{Ct}	ng-NP CR2	E037 (12/06)		
City & State		City & State			4. FEI Number 20-017576	8		plied For t Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				ress of New Register	ed Agent	
RICHMAN	N, TODD V	X Dde	1-	Name Swa	inson, Jan	mcs		
	RLING GREENS PLACE	A	<i>7</i> C	Street Address (P.O. Box Number is I	Not Acceptable Plac	c, #4	06
				Naples	FI ₹		3410	4
				City		F	Zip Code	•
8. The above the obligat	named entity submits this statement for	or the purpose of changing it	s registere	ed office or register	ed agent, or both, in	the State of Florida. I	am familiar with,	and accept
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SIGNATURE .	James .	/ wanter				1-120	15, 260	<u>, (</u>
	Signature, typed or printed name of registered agent	and title if applicable. (NO	it Registere	d Agent signature required	I when reinstating)	DA	1E	
Filling Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co						l		_
					\$5.00 May Be Added to Fees		ieck payable to partment of St	
10.		Trust Fund		ion.	Added to Fees		partment of St	ate
10.	Due by May 1, 2007	Trust Fund	Contributi	ion.	Added to Fees	Florida De	partment of St	ate
TITLE NAME	OFFICERS AND DI P SWANSON, JAMES	Trust Fund RECTORS Delete	Contributi 11. TITLE	ion.	Added to Fees ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DI P SWANSON, JAMES 6824 STERLING GREENS PLACE	Trust Fund RECTORS Delete	Contributi 11. TITLE NAM STRE	FI ADDRESS 48	Added to Fees ADDITIONS/CHANG JONSON, 24 Ste	Florida De ES TO OFFICERS AND James, Loing Gra	DIRECTORS IN Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DI P SWANSON, JAMES 6824 STERLING GREENS PLAC NAPLES, FL 34104	Trust Fund RECTORS Delete	Contributi 11. TITLE NAM STRE CITY	FI ADDRESS LOS	Added to Fees ADDITIONS/CHANG JONSON, 24 Ste	ES TO OFFICERS AND	DIRECTORS IN Change	ate 10 ☐ Addition #40
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DI P SWANSON, JAMES 6824 STERLING GREENS PLAC NAPLES, FL 34104 DVP	Trust Fund RECTORS Delete	Contributi 11. TITLE NAM STRE	ST-ZIP	Added to Fees ADDITIONS/CHANG JONSON, 24 Ste	Florida De ES TO OFFICERS AND James, Ing Gra L34104	DIRECTORS IN Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DI P SWANSON, JAMES 6824 STERLING GREENS PLAC NAPLES, FL 34104	Trust Fund RECTORS Delete Delete	Contribution 11. IITLE NAM STRE CITY TITLE NAM	ET ADDRESS LOSS ST-ZIP	Added to Fees ADDITIONS/CHANG JONSON, 24 Stellapies, Fi 25taldi	Florida De ESTO OFFICERS AND JAMES, 134104 JAMES	DIRECTORS IN Change	ate 10 ☐ Addition #40
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DI P SWANSON, JAMES 6824 STERLING GREENS PLAC NAPLES, FL 34104 DVP COSTALDI, JAMES	Trust Fund RECTORS Delete Delete	Contribution 11. IITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS LA 8 ST-ZIP EL ADDRESS LA 8 EL ADDRESS LA 8 EL ADDRESS LA 8	Added to Fees ADDITIONS/CHANG JONSON, 24 Stellapies, Fi 25taldi	Florida De ES TO OFFICERS AND James, Ing Gra L34104	DIRECTORS IN Change	ate 10 ☐ Addition #40
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12. Thereby 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James <u>Swanson</u>