

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 039 ****61.25

DOCUMENT # N02000005656					
1. Entity Name STERLING GREENS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215 NAPLES, FL 34104 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215 NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0175768	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWANSON, JAMES 6834 STERLING GREENS PLACE, #406 NAPLES, FL 34104			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWANSON, JAMES 6824 STERLING GREENS PL #406 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAURIE SULLIVAN 6834 Sterling Greens Place, unit # 201 Naples, FL 34103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTALDI, JAMES 6824 STERLING GREENS PLACE SUITE 106 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EICHMAN, TODD 6824 STERLING GREENS PKACE, # 202 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOURNSTINE, CHARLES 6824 STERLING GREENS PLACE SUITE 304 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUGHRAN, THOMAS 6824 STERLING GREENS PLACE SUITE 306 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/08 <small>Date Daytime Phone #</small>		