

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005656

FILED
Apr 21, 2009
Secretary of State

Entity Name: STERLING GREENS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 20-0175768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, JAMES
6834 STERLING GREENS PLACE, #406
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWANSON, JAMES
Address: 6824 STERLING GREENS PL #406
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: COSTALDI, JAMES
Address: 6824 STERLING GREENS PLACE SUITE 106
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: EICHMAN, TODD
Address: 6824 STERLING GREENS PKACE, # 202
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: MAURICO, SULLIVAN
Address: 6804 STERLING GREENS PLACE. UNIT #201
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LAUGHRAN, THOMAS
Address: 6824 STERLING GREENS PLACE SUITE 306
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BURNETT, ALISTER
Address: 6824 STERLING GREENS PLACE, # 405
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change () Addition
Name: ANTONELLI, ALEX
Address: 6828 STERLING GREENS PLACE. UNIT #305
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES SWANSON

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date