



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90025 042 \*\*\*\*61.25

<b>DOCUMENT # N02000006962</b>					
<b>1. Entity Name</b> SWEETWATER BAY VI AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ADVANCED PROPERTY MANAGEMENT SVC, INC. 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110			<b>Mailing Address</b> C/O ADVANCED PROPERTY MANAGEMENT SVC, INC. 1035 COLLIER CENTER WAY NAPLES, FL 34110		
<b>2. Principal Place of Business</b> <b>Advanced Property</b> Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110		<b>3. Mailing Address</b> <b>Advanced Property</b> Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110			
City & State Naples, FL 34110		City & State Naples, FL 34110		02212006 Chg-NP CR2E037 (11/05)	
-Zip- Country Zip Country		4. FEI Number 02-0663467		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> ADVANCED PROPERTY MANAGEMENT SVC, INC. 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110			<b>7. Name and Address of New Registered Agent</b> Name <b>Advanced Property</b> Street Address (P.O. Box Number Not Acceptable) <b>Management Service, Inc.</b> <b>1035 Collier Center Way, #7</b> City <b>Naples, FL 34110</b> <b>FL</b> Zip Code		
<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><i>Susan L. Thompson</i></u> 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</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FYLSTRA, RICHARD 1335 SWEETWATER COVE #104 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSAIA, JOHN 1105 FORTE CLARK BLVD APT 916 GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SILVERMAN, JAMES 1340 SWEETWATER COVE #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SILVERMAN JAMES 1340 SWEETWATER COVE #101 NAPLES, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ROBERT 1340 SWEETWATER COVE #104 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FYLSTRA, MARY LOUISE 1335 SWEETWATER COVE #104 NAPLES, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATTER, PAMELA 1335 SWEETWATER COVE #202 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition KIM, YOON JIM 1340 SWEETWATER COVE #203 NAPLES, FL 34110		
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		
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		
<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:</b> <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					