## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90155 043 \*\*\*\*61.25

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Entity Name

EAGLE COVE II AT STERLING OAKS CONDOMINIUM



ASSOCIATION, INC.				13.5	TISS .					
C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE, #215		C/O RESO 2685 HO	Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE #1215 NAPLES, FL 34104		4009		881111 88111 18911 I	I KIIL EBILH IBRIY BIY	i  Bi	
2. Principal Place of Business - No P.O. Box #		3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			03312008	Chg-NP	CR2E	37 (12/06)	
City & State		City & S	City & State			4. FEI Number 81-0599	750		<del></del>	plied For
Zip	Country .	Zip		Country		5. Certificate o	Status Desired		\$8:75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Ag	ent			7. Name and A	ddress of New	Registered	l Agent	
	BALLENGER, PA			Name Street A	oddress (I	DSCPh P.O. Box Number	is Not Accepta	<u>70</u> V	$\mathcal{O}_{-}$	
NAPLES,				01/00(//		- C. Box Homber	, To thot modelpla	<u> </u>		
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				City	Y1/		<u> </u>	FI	L Z	<u> 비</u>
8. The above	named entity submits this statement	for the purpose &	f changing its regi	istered office o	r register	ed agent, or both	, in the State of	Florida. I an	n familiar with,	and accept
	tions of registered agent.				•					
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SIGNATURE	1102111		1000	<i></i>	$\nu =$	price	uio	DATE	710	<u> </u>
	Standard typed or conted page a constored and	art and the depot and	/MOTE Rec	cetored Anont eignet		( when remetation				
	Signature typed or printed name a redistered aga	ent and title il applicable	(NOTE: Reg	gistered Agent signat	ture required	when reinstating)		UATE		
-	Filing Fee is \$61.25	1/ /	. Election Campai	ign Financing		\$5.00 May Be		Make chec	ck payable to	
		1/ /	0	ign Financing	Cure required		FI	Make chec	ck payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND	9 DIRECTORS	. Election Campai Trust Fund Contr	ign Financing ribution.		\$5.00 May Be	FI	Make checorida Depa	IRECTORS IN	tate
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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 of 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

Joseph Lazzan

Solution Proper 8