

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000074

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** EAGLE COVE II AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE, #215  
NAPLES, FL 34104

**New Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE STE 215  
NAPLES, FL 34104

**New Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104

FEI Number: 81-0599750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAZZARO, JOSEPH  
1230-2204 SWEETWATER LANE  
NAPLES, FL 34110 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: LAZZARO, JOSEPH  
Address: 1230-2204 SWEETWATER LANE  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: LAZZARO, VICTORIA  
Address: 1230-2204 SWEETWATER LANE  
City-St-Zip: NAPLES, FL 34110

Title: ST ( ) Delete  
Name: STAGG, RICH  
Address: 1118-1302 SWEETWATER LANE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MCALLISTER, ROBERTA  
Address: 1262-1504 SWEETWATER LANE  
City-St-Zip: NAPLES, FL 34110

Title: ST (X) Change ( ) Addition  
Name: STAGG, RICHARD  
Address: 1118-1302 SWEETWATER LANE  
City-St-Zip: NAPLES, FL 34110

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: JOSEPH LAZZARO

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date