

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 032 \*\*\*\*61.25

<b>DOCUMENT # N03000002228</b> 1. Entity Name SWEETWATER BAY VII AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O 822 STERLING OAKS BLVD NAPLES, FL 34110		Mailing Address C/O 822 STERLING OAKS BLVD NAPLES, FL 34110	
2. Principal Place of Business Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110		3. Mailing Address Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	
City Naples, FL 34110		City & State Naples, FL 34110	
Zip -		Country -	
4. FEI Number 02-0691460		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHITE, WILLIAM D 2310 DELLA DRIVE NAPLES, FL 34117		7. Name and Address of New Registered Agent Name Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110 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 <u>Susan L. Thompson</u> <u>SUSAN L. THOMPSON</u> <u>7-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	DP SADOWSKI, PAUL E 1415 SWEETWATER COVE, #202 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIRESTA, PETE 1405 SWEETWATER COVE #203 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALONE, JOANN 1410 SWEETWATER COVE, #202 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SWENEY, MATT 1415 SWEETWATER COVE #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TREVELYAN, CRAIG 1415 SWEETWATER COVE, #204 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINE, PATTY 1415 SWEETWATER COVE #202 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS MAGHNAGI, BETTINA 171 COMMERCIAL BLVD, SUITE 20 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD JOHNSON-BLY, ANN 1405 SWEETWATER COVE #202 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" 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
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: <u>Matt Sweeney</u> <u>5-1-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

66021934

