2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

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1. Entity Name



SWEETWATER BAY VII AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40061660 ADVANCED PROPERTY MANAGEMENT SERVICE, INC. ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 1035 COLLIER CENTER WAY#7 1035 COLLIER CENTER WAY#7 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-NP CR2E037 (12/06) 4. FEI Number 02-0691460 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADVANCED PROPERTY MANAGEMENT SERVICE, INC 1035 COLLIER CENTER WAY #7 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34110 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change DE ■ Addition Delete TITLE TITLE eetwater love #203 DIRESTA, PETE NAME NAME 1405 SWEETWATER COVE #203 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZiP CITY-ST-71P DUA- TRES/52C Change ☐ Addition ☐ Delete TITLE TITLE ctivater Cove #101 SWEENEY, MATT NAME NAME 1415 SWEETWATER COVE #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP PR45 Change DST. ☐ Addition TITL F ☐ Delete TITLE LINE, PATTY er Cove #202 NAME NAME 1415 SWEETWATER COVE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change JOHNSON-BLY, ANN NAME NAME STREET ADDRESS 1405 SWEETWATER COVE #202 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #