## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002228

FILED Apr 02, 2009 Secretary of State

Entity Name: SWEETWATER BAY VII AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
ADVANCED PROPERTY MANAGEMENT SERVICE,INC 1035 COLLIER CENTER WAY#7 NAPLES, FL 34110				1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110			
Current Mailing Address:				New Mailing Address:			
ADVANCED PROPERTY MANAGEMENT SERVICE,INC 1035 COLLIER CENTER WAY#7 NAPLES, FL 34110				1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110			
FEI Number:	02-0691460	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status	s Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ADVANCED PROPERTY MANAGEMENT SERVICE,INC 1035 COLLIER CENTER WAY #7 NAPLES, FL 34110 US				ADVANCED PROPERTY MANAGEMENT SERVICE,INC 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110 US			
	named entity s of Florida.	ubmits this statement for the	e purpose o	f changing it	ts registered o	office or registered	agent, or both,
SIGNATUF	RE: SUSAN TI	HOMPSON				04/02/2009	
	Electroni	c Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DIRESTA, PETE	ATER COVE #203		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SWEENEY, MAT	ATER COVE #101		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	LINE, PATTY	Delete ATER COVE #202 110		Title: Name: Address: City-St-Zip:	LINE, PATTY	() Change ( ) Addition WATER COVE #202 84110	
Title: Name: Address: City-St-Zip:	JOHNSON-BLY,	ATER COVE #202		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

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: PATTY LINE DP 04/02/2009