

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90018 018 ****61.25

40002000



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
83-0359386

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N03000002229

1. Entity Name
SWEETWATER BAY VIII AT STERLING OAKS
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O 822 STERLING OAKS BLVD.
ADVANCED PROPERTY MGT
NAPLES, FL 34110

Mailing Address
3350 WOODS EDGE CIRCLE
SUITE 104
BONITA SPRINGS, FL 34134

2. Principal Place of Business

3. Mailing Address

Advanced Property
Suite, Apt. #, etc.
Management Service, Inc.

Advanced Property
Suite, Apt. #, etc.
Management Service, Inc.

City & State
1035 Collier Center Way, #7
Naples, FL 34110

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1035 Collier Center Way, #7
Naples, FL 34110

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN L
ADVANCED PROPERTY MGT
3350 WOODS EDGE CIRCLE, # STE 104
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
Advanced Property
Street Address (P.O. Box or other non-residential)
Management Service, Inc.
1035 Collier Center Way, #7
City
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: Susan L. Thompson SUSAN L. THOMPSON 02/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ZAKIELARE, JOANN
STREET ADDRESS 1400 1390 SWEETWATER COVE, # 103
CITY-ST-ZIP NAPLES, FL 34110 ☐ Delete

TITLE DVP
NAME RUZZO, IRENE
STREET ADDRESS 1370 1390 SWEETWATER COVE, # 103
CITY-ST-ZIP NAPLES, FL 34110 ☐ Delete

TITLE DST
NAME HENDRICKS, LOREN
STREET ADDRESS 1390 SWEETWATER COVE, # 103
CITY-ST-ZIP NAPLES, FL 34110 ☒ Delete

TITLE AS
NAME SPEECH, C.S. JR
STREET ADDRESS 5332 CYPRESS LN
CITY-ST-ZIP NAPLES, FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MARZEC, EDGENE
STREET ADDRESS 1390 SWEETWATER COVE # 104
CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☒ Addition

TITLE DS
NAME ZAKIELARE, JOANN
STREET ADDRESS 1400 SWEETWATER COVE # 102
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

TITLE DT
NAME BRODERICK, GARY
STREET ADDRESS 1350 SWEETWATER COVE # 204
CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #