

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90344 026 ****61.25

DOCUMENT # N03000009109					
1. Entity Name STERLING GREENS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O FAMILY PROPERTY SERVICES INC 1330 RAIL HEAD BLVD #4 NAPLES, FL 34110 US			Mailing Address C/O FAMILY PROPERTY SERVICES INC 1330 RAIL HEAD BLVD #4 NAPLES, FL 34110 US		
2. Principal Place of Business - No P.O. Box # C/O ANCHOR ASSOCIATES Suite, Apt., etc. 3940 RADIO RD #111		3. Mailing Address C/O ANCHOR ASSOCIATES Suite, Apt., etc. 3940 RADIO RD #111		40084451 	
City & State NAPLES FL		City & State NAPLES FL		04112008 Chg-NP CR2E037 (12/06)	
Zip 34104		Country USA		4. FEI Number 20-0175756	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FAMILY PROPERTY SERVICES INC 1330 RAIL HEAD BLVD #4 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name <u>ANCHOR ASSOCIATES INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>3940 RADIO RD #111</u> City <u>NAPLES</u> <u>FL</u> Zip Code <u>34104</u>		
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 BERANJA, VLADOMIR 6816 STERLING GREENS PLACE # 106 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GLADWELL, ART 6816 STERLING GREENS PLACE # 303 NAPLES, FL 34104	<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	DT BONO, VITO 6816 STERLING GREENS PLACE # 402 NAPLES, FL 34104	<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	DS LOTH, JOSEPH 6820 STERLING GREENS PLACE # 104 NAPLES, FL 34104	<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	D-PR MC GUIRE, GERRY 6816 STERLING GREENS PLACE # 301 NAPLES FL 34104	<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	
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>Ronald R. McGuire</u> <u>GERARD R. MCGUIRE</u> 4-23-08 239-3536760					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					