
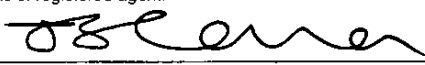



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 030 ****61.25

DOCUMENT # N93000002008 1. Entity Name STORRINGTON PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O STERLING PROPERTY SVC 27800 OLD 41 BONITA SPRINGS, FL 34135 US		Mailing Address C/O STERLING PROPERTY SVC 27800 OLD 41 BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business - No P.O. Box # 90 STERLING PROPERTY SVC Suite, Apt. #, etc. 27180 BAY LANDING DRIVE City & State BONITA SPRINGS, FL Zip 34135		3. Mailing Address 90 STERLING PROPERTY SVC Suite, Apt. #, etc. 27180 BAY LANDING DRIVE City & State BONITA SPRINGS, FL Zip 34135	
4. FEI Number 65-0426815		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'GORMAN, JOHN C/O STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name O'GORMAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 90 STERLING PROPERTY SERVICES 27180 BAY LANDING DRIVE, SUITE #4 City BONITA SPRINGS FL Zip Code 34135	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 3/26/08 <small>DATE</small> </div> </div>			
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 SD QUEEN, SHARON 15173 STORRINGTON PL. 3E-201 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP JEANINE JEANINE JOHNSON 15173 STORRINGTON PLACE E 101 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MURPHY, RICHARD 15198 STORRINGTON PL., J100 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MARY MARY 15221 STORRINGTON PLACE A 100 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP TYBORSKI, JACK 15209 STORRINGTON PLACE #B200 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ROBERT DALY 15185 STORRINGTON PLACE D200 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LALIBERTE, LORENZO 15216 STORRINGTON PL #M101 NAPLES, FL 34110	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/29/08 <small>Date</small>	
		<small>Daytime Phone #</small>	