

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002008

FILED
Mar 20, 2009
Secretary of State

Entity Name: STORRINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O STERLING PROPERTY SVC
27180 BAY LANDING DRIVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

C/O STERLING PROPERTY SVC
27180 BAY LANDING DR STE 4
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

C/O STERLING PROPERTY SVC
27180 BAY LANDING DRIVE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

C/O STERLING PROPERTY SVC
27180 BAY LANDING DR STE 4
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0426815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'GORMAN, JOHN
C/O STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE, STE. #4
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: QUEEN, SHARON
Address: 15173 STORRINGTON PL. 3E-201
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: JOHNSON, JEANINE
Address: 15173 STORRINGTON PLACE E 101
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: MAYS, MARY
Address: 15221 STORRINGTON PLACE A 100
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: DALY, ROBERT
Address: 15185 STORRINGTON PLACE D200
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LALIBERTE, LORENZO
Address: 15216 STORRINGTON PL #M101
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: JOHNSON, JEANINE
Address: 15173 STORRINGTON PLACE E 101
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT DALY

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date