

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000004045

1. Entity Name
STERLING OAKS COMMUNITY ASSOCIATION AND
CLUB, INC.



FILED

06 JUL 26 AM 7:37

Principal Place of Business
822 STERLING OAKS BLVD
NAPLES, FL 34110

Mailing Address
822 STERLING OAKS BLVD
NAPLES, FL 34110

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-0481606

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, JACK
822 STERLING OAKS BLVD
NAPLES, FL 34110

BIASI, JOHN

Name
JOHN BIASI

Street Address (P.O. Box Number is Not Acceptable)

822 Sterling Oaks Blvd.

City
Naples

FL

Zip Code
34110

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

Signature, typed or printed name of registered agent and title if applicable.

JOHN A. BIASI

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/06

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D MAKI, RON 822 STERLING OAKS BLVD NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMBAUGH, MARYLOU 822 STERLING OAKS BLVD NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE SEC BESSINGER, HALSEY 822 STERLING OAKS BLVD NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, WILLIAM 822 STERLING OAKS BLVD NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITKOS, STEPHEN 822 STERLING OAKS BLVD NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE VP MAROTTA, JACK 822 STERLING OAKS BLVD NAPLES, FL 34110	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Concoran, Richard 822 Sterling Oaks Blvd. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Hirschfeld, Martin 822 Sterling Oaks Blvd. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Silverman, Jim 822 Sterling Oaks Blvd. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, Larry 822 Sterling Oaks Blvd. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Castore, Jack 822 Sterling Oaks Blvd. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600078230516 001047--001 **61.25	<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:

Martin H. Hirschfeld, MARTIN H. HIRSCHFELD

7/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #