

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-17-2006 90018 020 ****61.25

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DOCUMENT # N97000000470 1. Entity Name SWEETWATER BAY II AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE. 104 BONITA SPRINGS, FL 34134			Mailing Address ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE. 104 BONITA SPRINGS, FL 34134		
2. Principal Place of Business Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110			3. Mailing Address Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110		
City & State Naples, FL 34110		City & State Naples, FL 34110		4. FEI Number 55-3575854	
Zip 34110		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 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: <i>Susan L. Thompson</i> SUSAN L THOMPSON <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 SMITH, SANDRA 1149 SWEETWATER COVE #4201 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OTTO, DIETRICH 1290 SWEETWATER COVE #5103 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STAMMEIER, JUERGEN 1149 SEETWATER LANE #4203 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABIN, ED 1149 SWEETWATER LANE #4102 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Date

Daytime Phone #