

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000470

FILED
Apr 02, 2009
Secretary of State

Entity Name: SWEETWATER BAY II AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGMT., SVC., INC.
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110

New Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

Current Mailing Address:

ADVANCED PROPERTY MGMT., SVC., INC.
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 55-3575854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MGMT., SVC., INC.
1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110 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: DST () Delete
Name: STAMMEIER, JUERGEN
Address: 1149 SWEETWATER LANE #4203
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: BABIN, ED
Address: 1149 SWEETWATER LANE #4102
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP () Change (X) Addition
Name: SCHLEICHER, GLORIA
Address: 1149 SWEETWATER LANE #4101
City-St-Zip: NAPLES, FL 34110

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: ED BABIN

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date