

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90084 021 ****61.25

DOCUMENT # N97000004555

1. Entity Name
**SWEETWATER BAY III AT STERLING OAKS
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**ADVANCED PROPERTY MGMT SERVICE, IN
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110**

Mailing Address
**ADVANCED PROPERTY MGMT SERVICE, IN
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110**



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3575852

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

**ADVANCED PROPERTY MGMT SERVICE, INC
1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **DP** ☒ Delete
NAME **CURANNA, NICHOLAS**
STREET ADDRESS **1300 SWEETWATER COVE #6201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **DVP** ☐ Delete
NAME **JOYCE, MORK**
STREET ADDRESS **1310 SWEETHEART COVE SUITE 7103**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **DST** ☒ Delete
NAME **PAINTER, DONALD**
STREET ADDRESS **1300 SWEETHEART COVE SUITE 6102**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **Curra, Nicholas**
STREET ADDRESS **1300 Sweetwater Cove #6201**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **DP** ☐ Change ☒ Addition
NAME **Spina, Judy**
STREET ADDRESS **1310 Sweetwater Cove #7102**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **D** ☐ Change ☒ Addition
NAME **Guarino, Mike**
STREET ADDRESS **1310 Sweetwater Cove #7104**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

239 514 1905

Daytime Phone #