

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004555

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 59-3575852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MGMT SERVICE, 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: DPT () Delete
Name: CURRABA, NICHOLAS
Address: 1300 SWEETWATER COVE #6201
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MORK, JOYCE
Address: 1310 SWEETWATER COVE #7103
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: SPINA, JUDY
Address: 1310 SWEET WATER COVE #7102
City-St-Zip: NAPLES, FL 34110

Title: DS (X) Delete
Name: GUARINO, MIKE
Address: 1310 SWEETWATER COVE #7104
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: MORK, JOYCE
Address: 1310 SWEETWATER COVE #7103
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: GUARINO, MIKE
Address: 1310 SWEETWATER COVE #7104
City-St-Zip: NAPLES, FL 34110

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: NICHOLAS CURRABA

DPT

04/02/2009

Electronic Signature of Signing Officer or Director

Date