

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90101 018 ****61.25

40101209



DOCUMENT # N97000004557																										
1. Entity Name EAGLE COVE AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.																										
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104																							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03162007 Chg-NP CR2E037 (12/06)																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3602157																						
City & State		City & State		Applied For Not Applicable																						
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent MCTIGUE, MICHAEL 1166 SWEETWATER LN 101 NAPLES, FL 34110			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name <i>Ann Vallarelli</i> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is not acceptable) <i>1150-1205 Sweetwater lane</i> </td> </tr> <tr> <td style="padding: 5px;"> City <i>Naples</i> </td> <td style="padding: 5px;"> Zip Code <i>FL 34110</i> </td> </tr> </table>			Name <i>Ann Vallarelli</i>		Street Address (P.O. Box Number is not acceptable) <i>1150-1205 Sweetwater lane</i>		City <i>Naples</i>	Zip Code <i>FL 34110</i>															
Name <i>Ann Vallarelli</i>																										
Street Address (P.O. Box Number is not acceptable) <i>1150-1205 Sweetwater lane</i>																										
City <i>Naples</i>	Zip Code <i>FL 34110</i>																									
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. <table style="width:100%;"> <tr> <td style="width:30%; padding: 5px;"> SIGNATURE <i>Ann Vallarelli</i> </td> <td style="width:40%; padding: 5px;"> <i>Ann Vallarelli Sec. 4-26-07</i> </td> <td style="width:30%; padding: 5px;"> DATE </td> </tr> </table>						SIGNATURE <i>Ann Vallarelli</i>	<i>Ann Vallarelli Sec. 4-26-07</i>	DATE																		
SIGNATURE <i>Ann Vallarelli</i>	<i>Ann Vallarelli Sec. 4-26-07</i>	DATE																								
Filing Fee is \$61.25 Due by May 1, 2007		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																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">VP</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCTIGUE, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1166 SWEETWATER LANE, #17101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>	TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	MCTIGUE, MICHAEL		STREET ADDRESS	1166 SWEETWATER LANE, #17101		CITY-ST-ZIP	NAPLES, FL 34110		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">VP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>Tomasso, Mary</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>1150-1205 Sweetwater lane</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>Naples, FL 34110</i></td> <td></td> </tr> </table>		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<i>Tomasso, Mary</i>		STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>		CITY-ST-ZIP	<i>Naples, FL 34110</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete																								
NAME	MCTIGUE, MICHAEL																									
STREET ADDRESS	1166 SWEETWATER LANE, #17101																									
CITY-ST-ZIP	NAPLES, FL 34110																									
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																								
NAME	<i>Tomasso, Mary</i>																									
STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>																									
CITY-ST-ZIP	<i>Naples, FL 34110</i>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DONNELLY, DONALD E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1278-14201 SWEETWATER LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	DONNELLY, DONALD E		STREET ADDRESS	1278-14201 SWEETWATER LANE		CITY-ST-ZIP	NAPLES, FL 34110		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">VP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>Lee, Cathryn</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>1150-1205 Sweetwater lane</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>Naples, FL 34110</i></td> <td></td> </tr> </table>		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<i>Lee, Cathryn</i>		STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>		CITY-ST-ZIP	<i>Naples, FL 34110</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete																								
NAME	DONNELLY, DONALD E																									
STREET ADDRESS	1278-14201 SWEETWATER LANE																									
CITY-ST-ZIP	NAPLES, FL 34110																									
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																								
NAME	<i>Lee, Cathryn</i>																									
STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>																									
CITY-ST-ZIP	<i>Naples, FL 34110</i>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">DST</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOLBERG, EARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1278-14104 SWEETWATER LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> </tr> </table>	TITLE	DST	<input checked="" type="checkbox"/> Delete	NAME	SOLBERG, EARL		STREET ADDRESS	1278-14104 SWEETWATER LN		CITY-ST-ZIP	NAPLES, FL 34110		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">ST</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>Vallarelli, Ann</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>1150-1205 Sweetwater lane</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>Naples, FL 34110</i></td> <td></td> </tr> </table>		TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<i>Vallarelli, Ann</i>		STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>		CITY-ST-ZIP	<i>Naples, FL 34110</i>	
TITLE	DST	<input checked="" type="checkbox"/> Delete																								
NAME	SOLBERG, EARL																									
STREET ADDRESS	1278-14104 SWEETWATER LN																									
CITY-ST-ZIP	NAPLES, FL 34110																									
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																								
NAME	<i>Vallarelli, Ann</i>																									
STREET ADDRESS	<i>1150-1205 Sweetwater lane</i>																									
CITY-ST-ZIP	<i>Naples, FL 34110</i>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">ST</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>Alaimo, Karen</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>1278-14202 Sweetwater lane</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>Naples, FL 34110</i></td> <td></td> </tr> </table>		TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<i>Alaimo, Karen</i>		STREET ADDRESS	<i>1278-14202 Sweetwater lane</i>		CITY-ST-ZIP	<i>Naples, FL 34110</i>	
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																								
NAME	<i>Alaimo, Karen</i>																									
STREET ADDRESS	<i>1278-14202 Sweetwater lane</i>																									
CITY-ST-ZIP	<i>Naples, FL 34110</i>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.																										
SIGNATURE: <i>Mary Tomasso</i> <i>Mary Tomasso, Pres. 4/20/07</i>																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																										