

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004557

FILED
Apr 01, 2009
Secretary of State

Entity Name: EAGLE COVE AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGMT. #7
NAPLES, FL 34110 US

New Principal Place of Business:

ADVANCED PROPERTY MGMT.
SUITE 7
NAPLES, FL 34110 US

Current Mailing Address:

1035 COLLIER CENTER WAY #7
NAPLES, FL 34110 US

New Mailing Address:

ADVANCED PROPERTY MGMT
SUITE 7
NAPLES, FL 34110 US

FEI Number: 59-3602157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SUSAN
1035 COLLIER CENTER WAY STE 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: P () Delete
Name: TOMASSO, MARY
Address: 1150-1202 SWEETWATER LANE
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: LEE, CATHRYN
Address: 1150-1207 SWEETWATER LANE
City-St-Zip: NAPLES, FL 34110

Title: ST () Delete
Name: VALLARELLI, ANN
Address: 1150-1205 SWEETWATER LANE
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: ALAIMO, KAREN
Address: 1278-14202 SWEETWATER LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TOMASSO, MARY
Address: 1150 SWEETWATER LANE #1202
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: LEE, CATHRYN
Address: 1150 SWEETWATER LANE #1207
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change () Addition
Name: ALAIMO, KAREN
Address: 1150 SWEETWATER LANE #1205
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: MARY TOMASSO

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date