

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90543 019 ****61.25

DOCUMENT # N99000007414					
1. Entity Name SWEETWATER BAY IV AT STERLING OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134			Mailing Address ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0999580	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, SUSAN L ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PTAK, ROBERT 1295 SWEETWATER COVE #8102 NAPLES, FL 34110	DVP Barbara Kraft 1295 Sweetwater Cove #8101 Naples, FL 34110			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILL, JOHN 1295 SWEETWATER COVE 32203 NAPLES, FL 34110	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WORLEY, JANE 1295 SWEETWATER COVE #8204 NAPLES, FL 34110	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		04/29/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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