2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007414

1. Entity Name
SWEETWATER BAY IV AT STERLING OAKS



May 02, 2005 8:00 am Secretary of State 05-02-2005 90543 019 ****61.25

FILED

Maximp Address or Maximp Addre	CONDOMINIUM ASSOCIATION, INC.								
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	ADVANCED P	ROPERTY MANAGEMENT S EDGE CIRCLE STE 104	ADVANCED PROPERTY 3350 WOODS EDGE CIP	VANCED PROPERTY MANAGEMENT 50 Woods edge circle STE 104					
City & State Country Country Country S. Certilizate of Status Desired Status Desi	2. Principal P	lace of Business	3. Mailing Address	Mailing Address				3 U U	
Country Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E03	7 (10/03)		
S. 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 City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City	City & State Ci		City & State	City & State		0	 `		
Name	Zip	Country	Zip	Country	5. Certificate of St				
THOMPSON, SUSAN L ADVANCED PROPERTY MANAGEMENT 3350 WOODS EDGE CIRCLE STE 104 BONTA SPRINGS, FL 34134 6. 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 outligations of registered agent. SIGNATURE Filing Fee is \$61.25 Due by May 1, 2005 Placition Campaign Financing Trust Fund Contribution. S.5.00 May 8 Make check payable to Florida Department of State	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BONITA SPRINGS, FL 34134 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 Si									
Eine above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signatu	3350 WOODS EDGE CIRCLE STE 104			Street Addi	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hypot or critical name of registered agent, and close it explication. (NOTE Registered Agent signature required when reinfating) DATE	BONITA SPRINGS, FL 34134			City	City E1 Zip Code				
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

Daytime Phone #