

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007414

FILED  
Apr 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #7  
NAPLES, FL 34110

**New Principal Place of Business:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**Current Mailing Address:**

ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #7  
NAPLES, FL 34110

**New Mailing Address:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

FEI Number: 65-0999580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, SUSAN L  
ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #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: DST ( ) Delete  
Name: NADEAU, PAMELA  
Address: 1245 SWEETWATER COVE 8201  
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete  
Name: GILL, JACK  
Address: 1295 SWEETWATER COVER 8203  
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete  
Name: NICKLAUS, KATHY  
Address: 1295 SWEETWATER COVE, #8102  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: NADEAU, PAMELA  
Address: 1295 SWEETWATER COVE #8201  
City-St-Zip: NAPLES, FL 34110

Title: DPT (X) Change ( ) Addition  
Name: GILL, JACK  
Address: 1295 SWEETWATER COVER #8203  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition  
Name: NICKLAUS, KATHY  
Address: 1295 SWEETWATER COVE, #8104  
City-St-Zip: NAPLES, FL 34110

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: JACK GILL

DPT

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date