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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744810** **(3)**

1. Corporation Name

SAN CARLOS GOLF VILLAS HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
7364 CONSTITUTION CIRCLE SE FORT MYERS FL 33912-2781	**7364 CONSTITUTION CIRCLE SE FORT MYERS FL 33912-2781**

3. Date Incorporated or Qualified: **11/02/1978**

4. FEI Number: **59-2211364** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. THE COLONNADES 13575 BELL TOWER DR., STE. 101 FORT MYERS FL 33907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON GERALD E.		1.2 NAME	DONALD HALL	
STREET ADDRESS	7378 GOLF VILLA DR.		1.3 STREET ADDRESS	7374 GOLF VILLA DR.	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KRAUSE, BETTE		2.2 NAME	MAC BOWMAN	
STREET ADDRESS	7368 GOLF VILLA DRIVE		2.3 STREET ADDRESS	7381 CONSTITUTION CR.	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JERRY KLESSIG		3.2 NAME		
STREET ADDRESS	7368 CONSTITUTION CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	✓D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEBLANC, JOHN		4.2 NAME		
STREET ADDRESS	7361 CONSTITUTION CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MARTHA		5.2 NAME		
STREET ADDRESS	7375 GOLF VILLA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TREASURER JERRY KLESSIG SEC. 3/9/98 267-7938