FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M98588** **(0)**

1. Corporation Name
SUMMERLIN PARK SOUTH ASSOCIATES, INC.

Principal Place of Business
1705-D2 COLONIAL BLVD
FT. MYERS FL 33907

Mailing Address
1705-D2 COLONIAL BLVD
FT. MYERS FL 33907

3. Date Incorporated or Qualified: **09/14/1988**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21
Suite Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0079869** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, ROBERT E DDS
4560 VIA ROYALE #2
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: OWEN E HALL
82 Street Address (P.O. Box Number is Not Acceptable): 4222 S.E. 6th PLACE
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] OWEN E. HALL (Name of New Registered Agent Typed or Printed) DATE: 1/23/96

12. OFFICERS AND DIRECTORS

TITLE: P — ☐ DELETE
NAME: JUDAH, RAY
STREET ADDRESS: 13390 CORAL DR SW
CITY-ST-ZIP: FT. MYERS FL

TITLE: ST — ☐ DELETE
NAME: HALL, OWEN
STREET ADDRESS: 4222 SE 6TH PL.
CITY-ST-ZIP: CAPE CORAL FL

TITLE: V — ☐ DELETE
NAME: BLOY, DIBBIE
STREET ADDRESS: 2665 CLEVELAND AVE.
CITY-ST-ZIP: FORT MYERS FL

TITLE — ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE — ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE — ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE — ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE — ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE — ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE — ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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-02/14/96--01009--005
***200.00

5.1 TITLE — ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE — ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SEC.-TREAS 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 2-4-96

CR2E034 (12/95)