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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:05

DOCUMENT # N09452 (6)

1. Corporation Name
SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PKWY STE 329 FT. MYERS FL 33919 US	8695 COLLEGE PKWY STE 329 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2644279 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8695 COLLEGE PKWY	26 8695 COLLEGE PKWY
Suite, Apt. #, etc. 22 STE 348	Suite, Apt. #, etc. 27 STE 348
City & State 23 FT. MYERS FL	City & State 28 FT. MYERS FL
Zip / Country 24 33919 / 25 USA	Zip / Country 29 33919 / 30 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS JOSEPH E ESQ BECKER POLIAKOFF PA 13515 BELLTOWER DRIVE SUITE 101 FT. 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 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PLUMMER, BETTY	1.2 NAME	
STREET ADDRESS	14840 SUMMERLIN WOODS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, DARYL	2.2 NAME	
STREET ADDRESS	8021 S. WOODS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	T/D ☐ Change ☐ Addition
NAME	DICHIARA, HELEN	3.2 NAME	RAMSAY JANET
STREET ADDRESS	8061 S WOODS CIRCLE	3.3 STREET ADDRESS	8021 S. WOODS CIRCLE
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS
TITLE	ST	4.1 TITLE	S/D ☐ Change ☐ Addition
NAME	RINGLER, DOROTHY	4.2 NAME	RINGLER DOROTHY
STREET ADDRESS	8021 S WOODS CIRCLE	4.3 STREET ADDRESS	8021 S. WOODS CIRCLE
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDRO, ALEX	5.2 NAME	
STREET ADDRESS	14831 SUMMERLIN WOODS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B. L Plummer Betty L Plummer 2/4/95 489345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0016831