

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09452 (6)**
1. Corporation Name
SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **8695 COLLEGE PKWY STE 348 FT. MYERS FL 33919 US**
Mailing Address: **8695 COLLEGE PKWY STE 348 FT. MYERS FL 33919 US**

3. Date Incorporated or Qualified: **05/24/1985**
3a. Date of Last Report: **03/09/1995**

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: **59-2644279**
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
**ADAMS JOSEPH E ESQ
BECKER POLIAKOFF PA
13515 BELLTOWER DRIVE SUITE 101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name: **6000 N 1140486**
82 Street Address (P.O. Box, Units, or Apartment): **-03/12/96--01124--025**
83 City: *****61.25**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, BETTY	1.2 NAME	PLUMMER, BETTY
STREET ADDRESS	14840 SUMMERLIN WOODS DR	1.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, DARYL	2.2 NAME	KARLIN, NORMAN
STREET ADDRESS	8021 S. WOODS CIRCLE	2.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICHIARA, HELEN	3.2 NAME	TRAUERS, LILLIAN
STREET ADDRESS	8061 S WOODS CIRCLE	3.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGLER, DOROTHY	4.2 NAME	ANGLAVAR, OUANIE
STREET ADDRESS	8021 S WOODS CIRCLE	4.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRO, ALEX	5.2 NAME	ALEXANDRO, ALEX
STREET ADDRESS	14831 SUMMERLIN WOODS DRIVE	5.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6.5 CITY-ST-ZIP	
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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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Plummer* 2/16/96 941 489-345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)