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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
8695 COLLEGE PKWY, STE 348 FT. MYERS FL 33919 US	8695 COLLEGE PKWY, STE 348 FT. MYERS FL 33919-5802 US

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 03/12/1996

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
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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when not filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	TD	☒ Change ☒ Addition
NAME	~~PLUMMER, BETTY~~		1.2 NAME	REVIE THOMAS	
STREET ADDRESS	8695 COLLEGE PKWY, STE 348		1.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348	
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	V	☐ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	~~KARLIN, NORMAN~~		2.2 NAME	DICHIARA HELEN	
STREET ADDRESS	8695 COLLEGE PKWY, STE 348		2.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348	
CITY-ST-ZIP	FT. MYERS FL 33919		2.4 CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	☐ DELETE	3.1 TITLE	S	☒ Change ☒ Addition
NAME	~~TRAVERS, LILLIAN~~		3.2 NAME	RINGLER DOROTHY	
STREET ADDRESS	8695 COLLEGE PKWY, STE 348		3.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348	
CITY-ST-ZIP	FT. MYERS FL 33919		3.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	P	☒ Change ☒ Addition
NAME	ANGLAVAR, DUANE~~AN~~		4.2 NAME	ANGLAVAR DUANE	
STREET ADDRESS	8695 COLLEGE PKWY, STE 348		4.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348	
CITY-ST-ZIP	FT. MYERS FL 33919		4.4 CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME	~~ALEXANDRO, ALEX~~		5.2 NAME	SAMARELLI JAMES	
STREET ADDRESS	8695 COLLEGE PKWY, STE 348		5.3 STREET ADDRESS	8695 COLLEGE PKWY STE 348	
CITY-ST-ZIP	FT. MYERS FL 33919		5.4 CITY-ST-ZIP	FT. MYERS FL 33919	
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		

14. I do 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: _____

CR2E037 (9/96)