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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US

3. Date Incorporated or Qualified 05/24/1985	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2644279	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ADAMS JOSEPH E ESO
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	REVIE, THOMAS
STREET ADDRESS	8695 COLLEGE PKWY, STE 348
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DICHIARH, HELEN
STREET ADDRESS	8695 COLLEGE PKWY, STE 348
CITY-ST-ZIP	FT. MYERS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	RINGIER, DOROTHY
STREET ADDRESS	8695 COLLEGE PKWY, STE 348
CITY-ST-ZIP	FT. MYERS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ANGLAVAR, DUANE
STREET ADDRESS	8695 COLLEGE PKWY, STE 348
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHAMARELLI, JAMES
STREET ADDRESS	8695 COLLEGE PKWY, STE 348
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEXANDRO, ALEX
1.3 STREET ADDRESS	8695 COLLEGE PKWY, STE 348
1.4 CITY-ST-ZIP	FT. MYERS, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANGLAVAR, DUANE
4.3 STREET ADDRESS	8695 COLLEGE PKWY, STE 348
4.4 CITY-ST-ZIP	FT. MYERS, FL
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DE SOTO, ROBERT
5.3 STREET ADDRESS	8695 COLLEGE PKWY, STE 348
5.4 CITY-ST-ZIP	FT. MYERS, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Dorothy J. Ringier* (DOROTHY J. RINGIER) 2-9-97 941 489-2345

CR2007 (10/97)