

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90083 040 \*\*\*\*61.25

**DOCUMENT # N09452**

1. Entity 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

24006761



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2644279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS JOSEPH E ESQ  
14241 METROPOLIS AVE  
SUITE 100  
FT MYERS FL 33912-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COMPARETTO, JOSEPH ☒ Delete  
STREET ADDRESS 8695 COLLEGE PKWY, STE 348  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE VD  
NAME KARLIN, NORMAN ☐ Delete  
STREET ADDRESS 8695 COLLEGE PKWY., SUITE 348  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE STD  
NAME SETH, JOHANNA ☐ Delete  
STREET ADDRESS 8695 COLLEGE PKWY STE 348  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME FERRARA, MICHAEL  
STREET ADDRESS 8695 COLLEGE PKWY, STE 348  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VTD ☒ Change ☐ Addition  
NAME KARLIN, NORMAN  
STREET ADDRESS 8695 COLLEGE PKWY, STE 348  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE SD ☒ Change ☐ Addition  
NAME SETH, JOHANNA  
STREET ADDRESS 8695 COLLEGE PKWY, STE 348  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michael Ferrara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

239-489-2345

Daytime Phone #