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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N24950** **(0)**

1. Corporation Name

SOUTHWEST CAPE CORAL HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
2124 SW 49TH TERRACE PO BOX 1052 CAPE CORAL FL 33910	2124 SW 49TH TERRACE PO BOX 1052 CAPE CORAL FL 33910-1052

3. Date Incorporated or Qualified: **02/22/1988**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business
21: 2214 S.W. 51st ST.
22: Suite, Apt. #, etc
23: City & State: CAPE CORAL, FLORIDA
24: Zip: 33914 25: Country: USA

2a. Mailing Address
26: 2214 S.W. 51st ST.
27: Suite, Apt. #, etc.
28: City & State: CAPE CORAL, FL. 33914
29: Zip: 33914 30: Country: USA

4. FEI Number: **NOT APPLICABLE** ☐ 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

HILL, ROBERT C.
2115 MAIN STREET
FORT MYERS FL 33902

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~GEORGE WELLBROCK~~ ~~1514 SW 58TH LANE~~ ~~CAPE CORAL FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD GARY J. CAPRISTO 2214 S.W. 51st STREET CAPE CORAL, FLORIDA 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, WILLIAM F. 2124 SW 49TH TERRACE CAPE CORAL FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD SIDNEY JACOBSEN 4628 S.W. 18th AVENUE CAPE CORAL, FLORIDA 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~MCCARTNEY, MICHAEL~~ ~~2244 SW 28TH STREET~~ ~~CAPE CORAL FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD KATHY A. GAGNE 2214 S.W. 51st STREET ~~CAPE CORAL, FLORIDA 33914~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: Kathy A. Gagne KATHY A. GAGNE 05-07-97 (941) 945-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066519