AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998 -

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

APPROVED AND FILED

98 OCT 26 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0012786

DOCUMENT # N24950 (0)

1. Corporation Name

SOUTHWEST CAPE CORAL HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
2214 S.W. 51ST ST. CAPE CORAL FL 33914 US	2214 S.W. 51ST ST.. CAPE CORAL FL 33914 US

3. Date Incorporated or Qualified: 02/22/1988

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: KATHY A. GAGNE
82 Street Address (P.O. Box Number is Not Acceptable): 2214 SW 51ST STREET
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

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: KATHY A. GAGNE — Signature, typed or printed name of registered agent and title if applicable.
Kathy A. Gagne (NOTE: Registered Agent signature required when reinstating)
DATE: 09-15-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CAPRISTO, GARY J.		1.2 NAME	CAPRISTO, GARY J.	
STREET ADDRESS	2214 S.W. 51ST ST.		1.3 STREET ADDRESS	2214 SW 51 STREET	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VPD	☒ DELETE	2.1 TITLE	PD JULIUS MORREAL N/A	☐ Change ☒ Addition
NAME	JACOBSEN, SIDNEY		2.2 NAME		
STREET ADDRESS	4628 S.W. 18TH AVE.		2.3 STREET ADDRESS	PO BOX 570	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	SD	☒ DELETE	3.1 TITLE	TREAS.	☐ Change ☒ Addition
NAME	GAGNE, KATHY A.		3.2 NAME	JEANETTE MORREAL N/A	
STREET ADDRESS	2214 S.W. 51ST ST.		3.3 STREET ADDRESS	PO BOX 570	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	ST JAMES CITY, FL 33956	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	LEE, WILLIAM F.		4.2 NAME	LUCILLE WHITLOCK	
STREET ADDRESS	2124 SW 49TH TERRACE		4.3 STREET ADDRESS	522 SW 51ST TERR	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		☐ DELETE	5.1 TITLE	IRA FRIEDMAN - DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	3226 SW 27TH PLACE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
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		

700002674350 -10/28/98--01083-032
*****70.00 *****70.00

CR2E037 (5/98)

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: SIGNATURE REQUIRED — Gary J. Capristo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-98 — Date

941.945.3111