## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



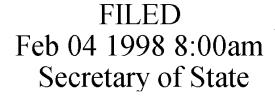
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N97000004231 (3)

SOUTHMONT COVE AT LEXINGTON CONDOMINIUM ASSOCIAT



	ION, INC.					{					
Pı	rincipal Place of Busines	Mailing Address				†	11				
	380 Winkler Rd. T. Myers Fl 33908		17380 WINKLER RD. FT. MYERS FL 33908				3. Date Incorporated or Qualified  07/25/1997  4. FEI Number  65-0734993    Applied For   Not Applicable				
2. 21	Principal Place of Busin	ness	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional Fee Required	l			
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	City & State		City & State	<b>⊢</b> , ′			7. Is this nonprofit corporation a homeowners association?  Yes No				
24	Zip	Country 25	Zip 29	30 Cou	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
	9. Name	and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent				
	DADDAGE ICC				81	Name					
DARRAGH, JEFF 17380 WINKLER RD. FT. MYERS FL 33908						Street Address	dress (P.O. Box Number is Not Acceptable)				
					84	City	FL 85 Zip Code				
11	<ul> <li>Pursuant to the provis</li> </ul>	ions of Sections 617.	.0502 and 617.1508, Florida Sta	atutes, the at	XOVE	a-named corpora	ration submits this statement for the purpose of changing its register	ed			

SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	(NOTE: P	tegistered Agent signature r			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	¯ ĎP – E	DELETE	1.1 TITLE		Change	Addition
NAME	DARRAGH, JEFF		1.2 NAME			
STREET ADDRESS	17380 WINKLER RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY-ST-ZIP			
TITLE	DV	DELETE	2.1 TITLE		Change	Addition Addition
NAME [	GNAGEY, JOHN		2.2 NAME			
STREET ADDRESS	17380 WINKLER RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		2. 4 CITY-ST-ZIP			
TITLE	DŜŤ	DELETE	3.1 TITLE		Change	Addition
NAME	SKIERA, ANDREA		3.2 NAME			
STREET ADDRESS	17380 WINKLER RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		3.4, CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIP			
TITLE		DELETE	5.1 TITLE	<del>-</del>	☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<u> </u>	DELETE	6.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST_ 710			EACITY-ST-700			

I hereby certify that the information supplied with this filling 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 qn an attachment with an address.

SIGNATURE: