

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90072 004 \*\*\*\*61.25

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**DOCUMENT # N38893**

1. Corporation Name

**SUNGATE VILLAS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

22700 S TAMiami TrL  
ESTERO FL 33928  
US

Mailing Address

C/O BENSON'S IN  
12650 WHITEHALL DRIVE  
FT MYERS FL 33907  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**06/29/1990**

4. FEI Number

**65-0242706**

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

9. Name and Address of Current Registered Agent

BENSON, MARK R  
12650 WHITEHALL DRIVE  
12650 WHITEHALL DRIVE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD  
WYNN, JOHN  
STREET ADDRESS 21710 SUNGATE COURT  
CITY-ST-ZIP ESTERO FL

TITLE ☒ DELETE

NAME VD  
WINGROVE, JAMES  
STREET ADDRESS 21693 SUNGATE CT  
CITY-ST-ZIP ESTERO FL

TITLE ☒ DELETE

NAME SD  
TERRY, RUTH  
STREET ADDRESS 21712 SUNGATE COURT  
CITY-ST-ZIP ESTERO FL

TITLE ☐ DELETE

NAME D  
CARROLL, WILLIAM  
STREET ADDRESS 21705 SUNGATE COURT  
CITY-ST-ZIP ESTERO FL

TITLE ☒ DELETE

NAME TD  
MONCRIEF, KAREN  
STREET ADDRESS 21711 SUNGATE COURT #301  
CITY-ST-ZIP ESTERO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PD  
Camacho, Frank  
1.3 STREET ADDRESS 21715 Sungate Ct #303  
1.4 CITY-ST-ZIP Estero, FL 33928

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VD  
Moncrief, Craig  
2.3 STREET ADDRESS 21711 Sungate Ct #301  
2.4 CITY-ST-ZIP Estero, FL 33928

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SD  
Camacho, Lillian  
3.3 STREET ADDRESS 21715 Sungate Ct #303  
3.4 CITY-ST-ZIP Estero, FL 33928

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TD  
Gudmundsen, Gerald  
4.3 STREET ADDRESS 21694 Sungate Ct 3702  
4.4 CITY-ST-ZIP Estero, FL 33928

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2.99

(41) 495.6532  
Date Daytime Phone #

CR2E037 (11/98)