## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

745186

THE SUMMIT HOUSE CONDOMINIUM OF MARCO ISLAND, IN

FILED					
Apr 03 1998 8:00am					
Secretary of State					

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Principal Place of Business Mailing Address					i joosi torki eida andi alok liind ein sink eidik eidik bidi. Bidi bidik idbi idbi		
290 SO COU	JER BLVD	290 SO COLLIER BLVD			3. Date Incorporated or Qualified		
MARCO ISLAI	ND FL 94145	MARCO ISLAND FL 3393	7		12/11/1978		
US		US			4. FEI Number Applied For		
					59-2374309 Not Applicable		
2. Principal	Place of Business	2a. Malling Address			60.75		
21		26			5. Certificate of Status Desired		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22	A	27			Trust Fund Contribution Added to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country		,	☐ Yes ☐ No		
24	26	29	30	y	8. This corporation owes or has paid the current year Intangible		
	9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
			81	Name			
WAINE	GILBERT		-	ļ <u></u>			
	OUTH COLLIER BLVD		82	Street	Address (P.O. Box Number is Not Acceptable)		
UNIT 9			83	1			
	ISLAND FL 33937		84				
			84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corpora					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	M 44 HAT	I Warne			3/30/98		
	Signature, typed of printed name of registered	egent and title if applicable. (NO		ent signature	e required when reinstating) DATE		
12.	7 = E	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	PD WANT OF BEDT	CT DELETE	1.1 TITLE	D	Change 🔀 Addition		
STREET ADDRESS	An Didition of the		12 NAME		HOWELL, HARL		
CITY-ST-ZIP	ALEAST LOADER AAA			ADDRESS	Abwell, ART 68 CROSS CREEK Rd BIRMINGHAM, AL 35213		
TITLE	VD VD	DELETE	1.4 CHY-1	51 - ZIP	Change Addition		
NAME	ROONEY, WILLIAM T		2.2 NAME		_ crisings _ Addition		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	644 DAA 401 4440 M		2.4 CITY-				
TITLE			3.1 TITLE	DI DI	Change Addition		
NAME	CROW, THOMAS						
STREET ADDRESS	A 151 M IA 51 1 A 51		3.3 STREET	ADORESS			
CITY-ST-ZIP	SULLANDA LA LA		3.4. CITY-				
TITLE	\$D □ DELETE 4.11		4.1 TITLE		☐ Change ☐ Addition		
NAME	EMERICK, JOAN 4.2		4. 2 NAME				
STREET ADDRESS	32236 FRUEHAUF ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	FRASER MI		4.4 CiTY-S	IT-ZIP			
TITLE	0	DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	<b>LINDGREN, LAWRENCE</b>	• •	5.2 NAME				
STREET ADDRESS	200 SOUTH COLLIER BLVD	1506	5.3 STREET	ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY - S	T-ZIP			
TITLE	**	DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME		1		

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. Marchard and a secretary of the

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP