FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:56

DOCUMENT # 765250 (6)

1. Corporation Name

SUMMER WINDS OF CAPE CORAL HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2251 GRAND AVE. FT. MYERS FL 33901-3742	2251 GRAND AVE. FT. MYERS FL 33901-3742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1982
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2542831 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 3725 SE 15TH AV.	26 2a. Mailing Address: 3725 SE 15 AV
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: CAPE CORAL FL.	28 City & State: CAPE CORAL FL.
24 Zip: 33904 25 County: LEE	29 Zip: 33904 30 County: LEE

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELLY, DANIEL M.
2251 GRAND AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: WM. SCHEPLER
82 Street Address (P.O. Box Number is Not Acceptable): 3725 SE 15TH AV.
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/26/95
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	D	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KELLY, DANIEL M.	12 NAME	WM. SCHEPLER	
STREET ADDRESS	2251 GRAND AVE.	13 STREET ADDRESS	3725 SE 15 AV.	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	CAPE CORAL FL. 33904	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KELLY, ABELE M.	22 NAME		
STREET ADDRESS	2251 GRAND AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KELLY, AGNES N.	32 NAME		
STREET ADDRESS	2251 GRAND AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] WM. SCHEPLER 4/26/95 813 542-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0018784