

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768534 (0)

1. Corporation Name

SPORTSMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12670 NEW BRITANNY BLVD.
202
FT. MYERS FL 33907
US

12670 NEW BRITANNY BLVD.
202
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2394322

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLDIRON, NANCY
3443 CLUBVIEW DRIVE
N. FORT MYERS FL 33917

81

Name

MERCER INVESTMENT PROPERTIES

82

Street Address (P.O. Box Number is Not Acceptable)

12670 NEW BRITANNY BLVD

83

SUITE 202

84

City

FT MYERS

FL

85 Zip Code

33907

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

Randal L. Mercer

RANDAL L. MERCER - Manager

3/28/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

NAME

INGRAM, FRANK

STREET ADDRESS

896 BUTTWOOD DRIVE #102

CITY - ST - ZIP

FT. MYERS BCH. FL

TITLE

DS

NAME

KASTINGS, BETTY

STREET ADDRESS

896 BUTTWOOD DRIVE #109

CITY - ST - ZIP

FT. MYERS FL

TITLE

TD

NAME

FERRY, ROBERT

STREET ADDRESS

896 BUTTWOOD DRIVE, #106

CITY - ST - ZIP

FT. MYERS FL

TITLE

PD

NAME

CLIFFORD, ELLEN

STREET ADDRESS

894 BUTTWOOD DRIVE #115

CITY - ST - ZIP

FT. MYERS FL

TITLE

SD

NAME

ANTON, JEFF

STREET ADDRESS

894 BUTTWOOD DR. #203

CITY - ST - ZIP

FT. MYERS BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(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 in an attachment with an address.

SIGNATURE:

Robert W. Ferry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/12/95 813-765-5048