## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996
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DOCUMENT #
1. Corporation Name

768534

(0)

## SPORTSMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

Pri	incipal Place	of Business		Mailing Address					( affilt india diam inna m			<b># # 1              </b>	
12670 NEW BRITTANY BLVD. 12670 NEW BRITTANY BLVD. 202													
	FT. MYERS FI	L 33907		FT. MYERS FL 3	L 33907				3. Date Incorporated or Qua	lified	3a. Date	of Last F	Renort
ŧ	J\$			U\$				05/19/1983	illed		5/01/19		
2.	Principal Pla	ace of Busin	ess	2a. Mailing Addres	SS				4. FEI Number		<del>-</del>	· · · · · · · · · · · · · · · · · · ·	pplied For
21				26	<b>⊢</b> ' <b>°</b>			į	59-2394322				lot Applicable
	Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desir	ort		\$8.75	Additional
22				27				5. Certificate of States Desir			Fee F	Required	
	City & State			City & State			-	6. Election Campaign Financing \$5.00 May Be					
23				28		0			Trust Fund Contribution				to Fees
	Zip		Country	Zip 29	30	Country			8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes ☐ Yes ☐ No				
24		o Name	25 and Address of Current		Florida Statutes LJ Yes LJ No  10. Name and Address of New Registered Agent								
<del> </del>		g. Haine	did Address of Carrent	Trogistored rigent		81	Na	me				<del>-</del>	
	urnara		IENT DOODEDTIES				-		(D.O. Day Marshau in Mat An				
			IENT PROPERTIES			82	Str	eet Addres	s (P.O. Box Number is Not Ac	ceptable)			
	-		ANY BLVD			83					,		
	STE 202		07			<u> </u>						Last S	<u> </u>
	ri Mich	RS FL 339	U/			84	City	У			FL	<b> 85  Zip</b>	Code
11	I. Pursuant te	o the provis	ions of Sections 617.0502	and 617.1508, Florida	Statutes, the	above-r	name	d corporati	on submits this statement for t	he purpo:	se of chan	ging its re	gistered office
	or registere	ed agent, or	both, in the State of Floridapt the obligations of, Section	a. Such change was a	authorized by t	the corp	oratio	on's board	of directors. I hereby accept the	e appoint	tment as re	egistered	agent. I am
١		ar, bra booc	pt the benganone on been	51. 611 100001 1101100 2									
51	GNATURE _	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE: Regi	stered Ager	il signa	sture required w			DATE		
12	2.		OFFICERS AND			13.		T	ADDITIONS/CHANGES T	O OFFICE			
TIT	ILE .	VD		- <b>5</b> 0DELE	•	1.1 TITLE		TOTAL	5 D		t_	Change	Addition
NA	ME	INGRAM, FRANK						LE	E, MAURICE	. 1			
\$TI	030 DOLLOUTOOD DUILE & 105						ADDR	<sup>ESS</sup>  89	2 Випонишь В	电平	223	_	
	TY-ST-ZIP	_	ERS BCH. FL	<b>⊠</b> orur		1.4 CITY - S	T-ZIP		ward beach.	ا ما	<b>53</b> 9	Change	Addition
TIT		<del>-06-</del> ☐	_	DELE		2.1 TITLE		ير	STINGS . BET	+\/	LZ.	Hange	
	ME		igs, betty			2.2 NAME		0	ic Button wood	, <b>1</b>	# 10	a	
	REET ADDRESS		ITTONWOOD DRIVE #	109		2.3 STREET			ID DUITON WOOD			7	
$\overline{}$	TY-ST-ZIP	_FI. MY		<b>E Q</b> DELE		2. 4 CITY - 3.1 TITLE	SI - ZIP	* *		3397		Change	Addition
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	ime Reet address		, ROBERT	100		3.3 STREET	ADDE		Fry, Kobel 18 Button wo		الخصا	106	
'	TY-ST-ZIP		ittonwood drive, # Ers fl	100		3.4. CITY -		1 -	•	339			
	ILE	PD PD	ENV IL	DELE		4.1 TITLE		1		# # 1		Change	Addition
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	REET ADDRESS		JTTONWOOD DRIVE #	115		4.3 STREET	ADDR		9954 LAS CA				
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	TLE	SD		<b>₹</b> DELE	TE	5 1 TITLE		VD	· · · · · · · · · · · · · · · · · · ·			] Change	Addition
NA.	AME	ANTON	I. JEFF			52 NAME			FLYNN, ELIZ	ABS:	TH		
ST	reet address		JTTONWOOD DR. #20	3		5.3 STREE	ADOR	ESS 7. C	). Box 434			_	
Ci	TY-ST-ZIP		ERS BEACH FL			5.4 CITY-	ST-ZIP		NEOGA IL		247		pm
TII	TLE			□DELE	TE	6.1 TITLE						) Change	Maddition
N/	AME					6.2 NAME							
ST	TREET ADDRESS					6.3 STREE	r addr	RESS					
Ci	TY-ST-ZIP					6.4 CITY-	ST - ZIP				1107 H 7 C	1- 0: :	. 16
14	4. I do hereb	y certify tha	t the information supplied v	vith this filing is volunta	arily furnished	and doe	s not	t qualify for	the exemption stated in Section	n 119.07	(3)(k) Flori	da Statut	es. I further

GNATURE

To hereby certify that the information supplied with this annual report or supplied and use including to the exemption related in this annual report or supplied 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 charged, or on an attachment with an address.

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SIGNATURE!