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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 768534 (0)

1. Corporation Name
SPORTSMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD. 202 FT. MYERS FL 33907 US	12670 NEW BRITTANY BLVD. 202 FT. MYERS FL 33907-3650 US

3. Date Incorporated or Qualified: 05/19/1983
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business	2a. Mailing Address
21 6361 Presidental Ct	26 6361 Presidental Ct
Suite, Apt. #, etc. 22 114	Suite, Apt. #, etc. 27 114
City & State 23 Ft Myers FL	City & State 28 Ft Myers FL
Zip / Country 24 33919 / 25 LEE	Zip / Country 29 33919 / 30 LEE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERCER INVESTMENT PROPERTIES
12670 NEW BRITTANY BLVD
STE 202
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Thomas Peptone / Peptone Realty Management Services Corp
82 Street Address (P.O. Box Number is Not Acceptable): 6361 Presidental Ct
83 Ste 114
84 City: Ft Myers FL 85 Zip Code: 33919

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 _____ President ~~President~~ Thomas Peptone 3-19-97
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, MAURICE		1.2 NAME		
STREET ADDRESS	892 BUTTONWOOD DR 223		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KASTINGS, BETTY		2.2 NAME		
STREET ADDRESS	896 BUTTONWOOD DR 109		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERRY, ROBERT		3.2 NAME		
STREET ADDRESS	898 BUTTONWOOD DR 106		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	HUSHOUR, GEORGE		4.2 NAME	ROBERT STEINKAMP	
STREET ADDRESS	9954 LAS CASAS DR		4.3 STREET ADDRESS	894 BUTTONWOOD DRIVE #217	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, ELIZABETH		5.2 NAME		
STREET ADDRESS	PO BOX 434 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEOGA IL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE 3-19-97 President 941