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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US	6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US

3. Date Incorporated or Qualified: 05/19/1983

4. FEI Number: 59-2394322 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 4210 Metro Parkway	2a. Mailing Address 26: 4210 Metro Parkway
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: FT MYERS, FL	City & State 28: FT MYERS, FL
Zip 24: 33916 Country 25: LEE	Zip 29: 33916 Country 30: 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEPITONE, THOMAS 6361 PRESIDENTIAL CT SUITE 114 FT MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable): 4210 METRO PARKWAY 83 84 City: FT MYERS FL 85 Zip Code: 33916.

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 _____ DATE
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	SD	☐ DELETE	1.1 TITLE	VD	☒ 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	SD	☐ Change ☒ Addition
NAME	KASTINGS, BETTY		2.2 NAME	John A. WILSON	
STREET ADDRESS	896 BUTTONWOOD DR 109		2.3 STREET ADDRESS	896 Buttonwood DR #213	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	FT MYERS Beach, FL 33931	
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	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEINKAMP, ROBERT		4.2 NAME		
STREET ADDRESS	894 BUTTONWOOD DRIVE, #217		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FLYNN, ELIZABETH		5.2 NAME	Albert De Bernardi	
STREET ADDRESS	P.O BOX 434 N/A		5.3 STREET ADDRESS	894 Buttonwood DR #219	
CITY-ST-ZIP	NEOGA IL		5.4 CITY-ST-ZIP	FT MYERS Beach, FL 33931	
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 (10/97)

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.

SIGNATURE: [signature] Registered Agent Feb 26 1998 941-274-9101