2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90034 009 ****61.25

DOCUMENT # 768534

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

Principal Place of Business	Mailing Address
13451MCGREGOR BLVD. STE 32 FORT MYERS, FL 33919 US	13451MCGREGOR BLVD. STE 32 FORT MYERS, FL 33919 US

02202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REALTY MGMT SVCS CORP 13451 MCGREGOR #32 FORT MYERS, FL 33919	Name CAMPBELL, PHILIP Street Address Professionally Yours, Inc. 1342 SE 46TH LANE, #3 City CAPE CORAL, FL 33904 Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEE, MAURICE 892 BUTTONWOOD DR 223 FT MYERS BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MULLEN, KARIN 432 N. ALPHA BELLBROOK RD BEAVERCREEK, OH 45434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERRY, ROBERT 898 BUTTONWOOD DR 106 FT MYERS, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEATTEY, JAY 6026 S. IRWIN STREET INDIANAPOLIS, IN 46237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEINKAMP, ROBERT 894 BUTTONWOOD DRIVE, #217 FT MYERS BEACH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DRAKE, THOMAS DREW 894 BUTTONWOOD DR # 214 FT MYERS, BEACH, FL 33931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DE BERNARDI, ALBERT 894 BUTTONWOOD DRIVE #219 FT. MYERS BEACH, FL 33931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, JAMES 348 LEISURE LANE CELINA, OH 45822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RICHARD 894 BUTTONWOOD DR #216 FORT MYERS BEACH, FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, RICHARD 515 MANZER RD. BEAVERTON, MI 48612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/27/04 239.433.0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #