2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90141 004 ****61.25

DOCUMENT # 768534

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

50065347

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

08222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
15660 San Carlos Blvd	15660 San Carlos Blvd
Suite, Apt. #, etc.: Suite 40	Suite, Apt. #, etc.: Suite 40
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: Lee	Zip: 33908 Country: Lee

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

CAMPBELL, PHILIP Paul Sapp
PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE, #3
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: % P&M Property Management
Street Address (P.O. Box Number is Not Acceptable): 15660 San Carlos Blvd #40
City: Fort Myers **FL** Zip Code: 33908

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: Paul L Sapp Paul Sapp 9/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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	SD MULLEN, KARIN 432 W ALPHA BELLBROOK RD. BEATERCREEK, OH 45434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEATLEY, JAY 6026 S IRWIN ST. INDIANAPOLIS, IN 46237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DRAKE, THOMAS DREW 894 BUTTONWOOD DR., #214 FORT MYERS BEACH, FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, JAMES 348 LEISURE LANE CELINA, OH 45822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, RICHARD 515 MANZER RD. BEAVERTON, MI 48612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: (THOMAS DREW DRAKE) TREAS. 9/1/05 239.433.0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #