

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M98588 (0)
1. Corporation Name
SUMMERLIN PARK SOUTH ASSOCIATES, INC.



Principal Place of Business Mailing Address
1705-D2 COLONIAL BLVD 1705-D2 COLONIAL BLVD
FT. MYERS FL 33907 FT. MYERS FL 33907

3. Date Incorporated or Qualified 09/14/1988 3a. Date of Last Report 02/09/1996
4. FEI Number 65-0079869 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HALL, OWEN E 81 Name BILL SOLL
4222 S.E. 8TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) 1705-D2 COLONIAL BLVD.
CAPE CORAL FL 33904 83 FT. MYERS
84 City FL 85 Zip Code 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* TREASURER 4/29/97
Signature required or printed name of registered agent and when applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P. SECY	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JUDAH, RAY		1.2 NAME				
STREET ADDRESS	13390 CORAL DR SW		1.3 STREET ADDRESS				
CITY - ST - ZIP	FT. MYERS FL		1.4 CITY - ST - ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, OWEN		2.2 NAME	ANNETTE THEIS			
STREET ADDRESS	4222 SE 8TH PL.		2.3 STREET ADDRESS	3840 BROADWAY			
CITY - ST - ZIP	CAPE CORAL FL		2.4 CITY - ST - ZIP	FT. MYERS, FL 33901			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ROBERT WATKINS, TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOY, DIBBIE		3.2 NAME	4560 VIA ROYALE, STE 2			
STREET ADDRESS	2885 CLEVELAND AVE.		3.3 STREET ADDRESS	FT. MYERS, FL 33907			
CITY - ST - ZIP	FORT MYERS FL		3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ANNETTE THEIS 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)