FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N08023** **(6)**

1. Corporation Name
SAN SOUCI LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
260 MONGOOSE LANE N. FT. MYERS FL 33917	260 MONGOOSE LANE N. FT. MYERS FL 33917

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business
21 260 MONGOOSE
Suite, Apt. #, etc. 22
City & State 23 N. FT MYERS, FL
Zip 24 33917 Country 25 LEE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0036386 ☐ 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

DOOLEY, SHIRLEY I
260 MONGOOSE LANE
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BOLLINGER, CATHY		1.2 NAME	CLAIR BARD	
STREET ADDRESS	201 ELAND		1.3 STREET ADDRESS	500 ELAND	
CITY-ST-ZIP	N. FT. MYERS FL 33917		1.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, HAROLD		2.2 NAME		
STREET ADDRESS	622 ELEPHANT		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	Vice President	☒ Change ☒ Addition
NAME	YANNIELLO, WM		3.2 NAME	PATRICA FISHER	
STREET ADDRESS	34 ELAND		3.3 STREET ADDRESS	507 ELAND DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917		3.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	
TITLE	S	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☒ Addition
NAME	WATSON, PEGGY		4.2 NAME	GAIL MORSON	
STREET ADDRESS	505 ELAND		4.3 STREET ADDRESS	624 Elephant Way	
CITY-ST-ZIP	N. FT. MYERS FL 33917		4.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	
TITLE	T	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	DOOLEY, SHIRLEY I		5.2 NAME	Peggy WATSON	
STREET ADDRESS	260 MONGOOSE		5.3 STREET ADDRESS	552 Zebra Dr.	
CITY-ST-ZIP	N. FT. MYERS FL 33917		5.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN ZANT, FRED		6.2 NAME		
STREET ADDRESS	362 ELAND		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shirley I Dooley 5-1-96 997-7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #