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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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 33917-7515

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 06/10/1996
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

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	BARD, CLAIR	
STREET ADDRESS	500 ELAND	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	P	☑ DELETE
NAME	BROWN, HAROLD	
STREET ADDRESS	622 ELEPHANT	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	VP	☐ DELETE
NAME	FISHER, PATRICIA	
STREET ADDRESS	507 ELAND DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	S	☐ DELETE
NAME	MORSON, GAIL	
STREET ADDRESS	624 ELEPHANT WAY	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	☐ DELETE
NAME	WATSON, PEGGY	
STREET ADDRESS	552 ZEBRA DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	☐ DELETE
NAME	VAN ZANT, FRED	
STREET ADDRESS	362 ELAND	
CITY-ST-ZIP	N. FT. MYERS FL 33917	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
1.2 NAME	JAHNKE, SCOTT	
1.3 STREET ADDRESS	286 BUFFELO	
1.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
2.2 NAME	VACCARO, ANGELO	
2.3 STREET ADDRESS	143 ELEPHANT	
2.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
3.1 TITLE	PRESIDENT	☑ Change ☐ Addition
3.2 NAME	FISHER, PATRICIA	
3.3 STREET ADDRESS	507 ELAND	
3.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE