FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # N21970 (1)

1. Corporation Name

SUMMERLIN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8210 SUMMERLIN VILLAGE CIRCLE FORT MYERS BEACH FL 33919	8210 SUMMERLIN VILLAGE CIRCLE FORT MYERS BEACH FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1987
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0032847 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 FORT MYERS, FL.	Suite, Apt. #, etc.: 27 FORT MYERS, FL.
City & State: 23 ~~33~~	City & State: 28 33
Zip: 24	Zip: 29
Country: 25	Country: 30

9. Name and Address of Current Registered Agent

GOLDBERG STANLEY
8210 SUMMERLIN VILLAGE CIRCLE
FT. MYERS FL 33919

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SECRETARY DIRECTOR	☒ Change ☐ Addition
NAME	BUCHANAN, LOIS	12 NAME	JANE STEBBINS	
STREET ADDRESS	BRIGHTON SHORES/ P.O. BOX 202, CARRYING PL	13 STREET ADDRESS	113 CRIMSON KING DRIVE	
CITY-ST-ZIP	ONTARIO CA	14 CITY-ST-ZIP	CANANDAIGUA, N.Y.	
TITLE	TD	21 TITLE	TREASURER DIRECTOR	☒ Change ☐ Addition
NAME	BISCOTTI, RUDY	22 NAME	WILLIAM F. O'MALLEY	
STREET ADDRESS	8130 SUMMERLIN VILL #207	23 STREET ADDRESS	8180 SUMMERLIN VILL. CIR. #706	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	VD	31 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	D'ANGELO, RALPH	32 NAME	RALPH D'ANGELO	
STREET ADDRESS	8130 SUMMERLIN VILL #203	33 STREET ADDRESS	8130 SUMMERLIN VILL. 203	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	PD	41 TITLE	VICE PRESIDENT DIRECTOR	☒ Change ☐ Addition
NAME	EPERON, ANJA	42 NAME	CATHY FREEMAN	
STREET ADDRESS	416 MILNER AVENUE	43 STREET ADDRESS	8170 SUMMERLIN VLL. CIR. # 607	
CITY-ST-ZIP	SCARBOROUGH ON	44 CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, STANLEY	52 NAME	NO CHANGE FOR MR. GOLDBERG	
STREET ADDRESS	5365 FAIRFIELD WAY	53 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	SAME	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 2/14/95 813 481 8033
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000033