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 # **N21970** **(1)**

1. Corporation Name

SUMMERLIN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8210 SUMMERLIN VILLAGE CIRCLE FT MYERS FL 33919 US	8210 SUMMERLIN VILLAGE CIRCLE FT MYERS FL 33919 US

3. Date Incorporated or Qualified: **08/10/1987**
3a. Date of Last Report: **02/22/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Selby, Robert N.
82 Street Address (P.O. Box Number is Not Acceptable): 8140 Summerlin Village Circle
83:
84 City: Ft. Myers, Fl. 33919
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: Robert N. SELBY — Robert N. Selby — 3/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEBBINS, JANE		1.2 NAME		
STREET ADDRESS	113 CRIMSON KING DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANADAIGUA NY		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, WILLIAM		2.2 NAME		
STREET ADDRESS	8180 SUMMERUN VILL CIR #706		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	D'ANGELO, RALPH		3.2 NAME	Selby, Robert N.	
STREET ADDRESS	8130 SUMMERRUN VILL #203		3.3 STREET ADDRESS	8140 Summerlin Village #307	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919	
TITLE	VPD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FREEMAN, CATHY		4.2 NAME	LaLonde, Guy	
STREET ADDRESS	8170 SUMMERRUN VILL CIR #607		4.3 STREET ADDRESS	5 Place Dubois, Dolland des Orneaux	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	Quebec, Canada H9B 1L2	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: William O'Malley — 3/4/96 — (941) 482-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #