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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 # **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 33919-7149 US

3. Date Incorporated or Qualified: 08/10/1987
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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

SELBY, ROBERT N.
8140 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	STEBBINS, JANE		1.2 NAME	GOLDBERG, MARIELLA	
STREET ADDRESS	113 CRIMSON KING DR		1.3 STREET ADDRESS	6365 FOXFIELD WAY	
CITY-ST-ZIP	CANADAIGUA NY		1.4 CITY-ST-ZIP	FT MYERS, FL 33919	
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		☐ Change ☐ Addition
NAME	SELBY, ROBERT N.		3.2 NAME		
STREET ADDRESS	8140 SUMMERLIN VILLAGE #307		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, CATHY		4.2 NAME		
STREET ADDRESS	8170 SUMMERRUN VILL CIR #607		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LALONDE, GUY		5.2 NAME		
STREET ADDRESS	5 PLACE DUBOIS, DOLLAND DES ORNEAUX		5.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC CA		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 (9/96)

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: William O'Malley TREAS. 2/24/97 (941) 482-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #