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Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 65-0032847 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a condominium association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

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: ANNE ANDREWS
82 Street Address (P.O. Box Number is Not Acceptable): 8160 Summerlin Village Circle
83: Unit 507
84 City: Fort Myers **FL** 85 Zip Code: 33919

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: Anne L. Andrews Treasurer Mar. 10 98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOLDBERG, MARIELLA 5365 FAIRFIELD WAY FT. MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Lois Buchanan President Unit 601 8170 Summerlin Village Circle Fort Myers Fl. 33919 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'MALLEY, WILLIAM 8180 SUMMERLIN VILL CIR #706 FT MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President VPD Ralph D'Angelo Unit 203 8130 Summerlin Village Circle Fort Myers, Fl. 33919 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELBY, ROBERT N. 8140 SUMMERLIN VILLAGE #307 FORT MYERS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary SD. Janet Gulliford Unit 603 8170 Summerlin Village Circle Fort Myers Fl. 33919 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FREEMAN, CATHY 8170 SUMMERRUN VILL CIR #607 FT MYERS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer T.D Anne Andrews Unit 507 8160 Summerlin Village Circle Fort Myers Fl. 33919 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LALONDE, GUY 5 PLACE DUBOIS, DOLLAND DES ORNEAUX QUEBEC CA	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D. Maurice Hyde Unit 101 8200 Summerlin Village Circle Fort Myers Fl. 33919 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Lois D Buchanan 941-481-8567