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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21970**

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

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

3. Date Incorporated or Qualifed
08/10/1987

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDREWS, ANNE
8160 SUMMERLIN VILLAGE CIRCLE
UNIT 507
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 Anne L. Andrews ANNE L. ANDREWS Treasurer 2-1-99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, LOIS		1.2 NAME	
STREET ADDRESS	8170 SUMMERLIN VILLAGE CIRCLE UNIT 601		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, RALPH		2.2 NAME	
STREET ADDRESS	8130 SUMMERLIN VILLAGE CIRCLE UNIT 203		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GULLIFORD, JANET		3.2 NAME	
STREET ADDRESS	8170 SUMMERLIN VILLAGE CIRCLE UNIT 603		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, ANNE		4. 2 NAME	
STREET ADDRESS	8160 SUMMERLIN VILLAGE CIRCLE UNIT 507		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HYDE, MAURICE		5.2 NAME	
STREET ADDRESS	8200 SUMMERLIN VILLAGE CIRCLE UNIT 101		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919		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 (11/98)

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, with all other like empowered.

SIGNATURE: Lois J Buchanan SIGNATURE REQUIRED LOIS J BUCHANAN Feb 1/99 941 481-8567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #