

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21970

1. Entity Name

SUMMERLIN VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90216 040 ****61.25

Principal Place of Business

8210 SUMMERLIN VILLAGE CIRCLE
FT MYERS FL 33919
US

Mailing Address

8210 SUMMERLIN VILLAGE CIRCLE
FT MYERS FL 33919-7149
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, ANNE
8160 SUMMERLIN VILLAGE CIRCLE
UNIT 507
FT. MYERS FL 33919

Name

William F. O'Malley

Street Address (P.O. Box Number is Not Acceptable)

8180 Summerlin Village Circle 706

City

Ft. Myers, FL 33919

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William F. O'Malley
William F. O'Malley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 10, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BUCHANAN, LOIS
STREET ADDRESS 8170 SUMMERLIN VILLAGE CIRCLE UNIT 601
CITY-ST-ZIP FT. MYERS FL 33919

TITLE PD ☒ Change ☐ Addition
NAME Maurice J. Hyde
STREET ADDRESS 8200 Summerlin Village Circle 101
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE VPD ☒ Delete
NAME D'ANGELO, RALPH
STREET ADDRESS 8130 SUMMERLIN VILLAGE CIRCLE UNIT 203
CITY-ST-ZIP FT. MYERS FL 33919

TITLE VPD ☐ Change ☒ Addition
NAME Leonard Shecht
STREET ADDRESS 8160 Summerlin Village Circle 503
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE SD ☒ Delete
NAME GULLIFORD, JANET
STREET ADDRESS 8170 SUMMERLIN VILLAGE CIRCLE UNIT 603
CITY-ST-ZIP FORT MYERS FL 33919

TITLE SD ☐ Change ☒ Addition
NAME Cheryl Brewer
STREET ADDRESS 8130 Summerlin Village Circle 206
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE TD ☒ Delete
NAME ANDREWS, ANNE
STREET ADDRESS 8160 SUMMERLIN VILLAGE CIRCLE UNIT 507
CITY-ST-ZIP FT MYERS FL 33919

TITLE TD ☐ Change ☒ Addition
NAME William F. O'Malley
STREET ADDRESS 8180 Summerlin Village Circle 706
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE D ☐ Delete
NAME HYDE, MAURICE
STREET ADDRESS 8200 SUMMERLIN VILLAGE CIRCLE UNIT 101
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D. ☐ Change ☒ Addition
NAME Guy Lalonde
STREET ADDRESS 8160 Summerlin Village Circle 504
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. O'Malley
William F. O'Malley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 2000

Date

10411 482-5418

CR2E037 (9/99)