

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90157 003 ****61.25

DOCUMENT # N21970

1. Entity Name

SUMMERLIN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8210 SUMMERLIN VILLAGE CIRCLE
FT MYERS FL 33919
US

Mailing Address

8210 SUMMERLIN VILLAGE CIRCLE
FT MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0032847

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'MALLEY, WILLIAM F
8180 SUMMERLIN VILLAGE CIRCLE 706
FT. MYERS FL 33919

Name JODI BENNETT

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

8150 Summerlin Village Circle

City FT. MYERS, FL

FL

Zip Code 33919

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

Jodi Bennett

JODI BENNETT

02-11-2002

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME HYDE, MAURICE J
STREET ADDRESS 8200 SUMMERLIN VILLAGE CIRCLE 101
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Delete

TITLE PD
NAME BENNETT JODI ANN
STREET ADDRESS 8150 SUMMERLIN VILLAGE CIRCLE 407
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Change ☐ Addition

TITLE VPD
NAME SHECHT, LEONARD
STREET ADDRESS 8160 SUMMERLIN VILLAGE CIRCLE 503
CITY-ST-ZIP FT MYERS FL 33919 ☒ Delete

TITLE VPD
NAME WOZNIAK JOHN
STREET ADDRESS 8200 SUMMERLIN VILLAGE CIRCLE 104
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Change ☐ Addition

TITLE SD
NAME BREWER, CHERYL
STREET ADDRESS 8130 SUMMERLIN VILLAGE CIRCLE 206
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE TD
NAME O'MALLEY, WILLIAM F
STREET ADDRESS 8180 SUMMERLIN VILLAGE CIRCLE 706
CITY-ST-ZIP FT MYERS FL 33919 ☒ Delete

TITLE TD
NAME CARR, DAVID G.
STREET ADDRESS 8140 SUMMERLIN VILLAGE CIRCLE 308
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Change ☐ Addition

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

TITLE D
NAME STAVRUS, PETE
STREET ADDRESS 8150 SUMMERLIN VILLAGE CIRCLE 403
CITY-ST-ZIP FT. MYERS FL 33919 ☒ Change ☐ Addition

TITLE D
NAME LALONDE, GUY
STREET ADDRESS 8160 SUMMERLIN VILLAGE CIRCLE 504
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

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

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:

DAVID CARR

11 FEB 02 941-481-6472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)