

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90400 043 ****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

Zip

Country

Zip

Country

4. FEI Number

65-0032847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BENNETT, JODI
8150 SUMMERLIN VILLAGE CIRCLE
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

STAVRUS, PETE

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

8150 SUMMERLIN VILLAGE CIRCLE, UNIT 403

City

FT MYERS

FL

Zip Code

33919

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pete Stavrus

PETE STAVRUS

3/29/04

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BENNETT, JODI ANN**
STREET ADDRESS **8150 SUMMERLIN VILLAGE CIRCLE, 407**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **VPD** ☒ Delete
NAME **WOZNAK, JOHN**
STREET ADDRESS **8200 SUMMERLIN VILLAGE CIRCLE, 104**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **SD** ☐ Delete
NAME **WELCH, KAREN**
STREET ADDRESS **8170 SUMMERLIN VILLAGE CIRLE #601**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **TD** ☐ Delete
NAME **CARR, DAVID G**
STREET ADDRESS **8140 SUMMERLIN VILLAGE CIRCLE, 308**
CITY-ST-ZIP **FT MYERS FL 33919**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LEE, SANDERS, LEE**
STREET ADDRESS **8140 SUMMERLIN VILLAGE CIRCLE, 304**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **VPD** ☒ Change ☐ Addition
NAME **METCALF, WILLIAM**
STREET ADDRESS **8160 SUMMERLIN VILLAGE CIRCLE, 508**
CITY-ST-ZIP **FT MYERS FL 33919**

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

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

TITLE ☐ Change ☐ Addition
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:

Pete Stavrus **PETE STAVRUS**

3/29/04 239 4334993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #