

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90852 016 ****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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JODI

**8150 SUMMERLIN VILLAGE CIRCLE
FT. MYERS FL 33919**

Name

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

City

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **KAREN WELCH**
STREET ADDRESS **8170 SUMMERLIN VILLAGE CIRCLE #601**
CITY-ST-ZIP **FT. 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

Jodi Bennett
JODI BENNETT

FEB 12 2003

CR2E037 (10/02)