

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 OCT 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28688 (2)
1. Corporation Name
SOUTHPARK WOODS MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address
5410 PARK RD 5410 PARK ROAD
5410 PARK ROAD 5410 PARK ROAD
FORT MYERS FL 33908 FORT MYERS FL 33908
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 S. P. W. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 5390 PARK RD #2 27 5390 PARK RD #2
City & State City & State
23 FORT MYERS FL 28 FORT MYERS FL
Zip Country Zip Country
24 33908 25 U.S. 29 33908 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1988 04/12/1996
4. FEI Number Applied For
65-0096095 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JORGENSEN, JORGEN
40020 SUNSET STRIP 5390 PARK RD #2
FORT MYERS FL 33908

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 J. Jorgensen 10/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME SMITH, DAVID K
STREET ADDRESS 40020 SUNSET STRIP 5390 PARK RD #2
CITY-ST-ZIP FT. MYERS FL
TITLE D ☐ DELETE
NAME JORGENSEN, JORGEN
STREET ADDRESS 40020 SUNSET STRIP 5390 PARK RD #2
CITY-ST-ZIP FT. MYERS FL
TITLE D ☐ DELETE
NAME JORGENSEN, GENOVEVA
STREET ADDRESS 40020 SUNSET STRIP 5390 PARK RD #2
CITY-ST-ZIP FT. MYERS FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 700002335447--8
1.3 STREET ADDRESS -10/31/97--01091--006
1.4 CITY-ST-ZIP *****61.25 *****61.25
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE REQUIRED J. Jorgensen 10/27/97

CR2E037 (4/97)

10/27/87
941-481-7213

To Whom It May Concern:—

ON MARCH 1, 1987 A CHECK
WAS MAILED TO THE STATE DIVISION
OF CORP. FOR \$61.25. (CHECK #1306)

IN REVIEW OF THE BANK
STATEMENT THE CHECK HAS NOT
BEEN CASHED. ENCLOSED PLEASE
ACCEPT THIS CHECK AS A RE-
PLACEMENT.

THANK YOU.

J. JØRGENSEN.

J. Jørgensen

1306		BAL BROT FORD	278	83
			331	33
from Section I		DEPOSITS	500	-
FOR Trimming Trees				
		TOTAL	831	33
		OTHER TRANS. +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	770	08

1307				
03/05 19 97				
TO F.P.W.		DEPOSITS		
Street Light				
FOR		TOTAL		
✓		THIS CHECK	23	77
		OTHER TRANS. +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	746	31

1308				
03/05 19 97				
TO F.P.W.		DEPOSITS		
House Light				
FOR ✓		TOTAL		
		THIS CHECK	162	33
		OTHER TRANS. +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	583	98