

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N36337 (6)

1. Corporation Name

SUGARMILL SPRINGS MOBILE HOME CONDOMINIUM OWNERS
' ASSOCIATION, INC.

Principal Place of Business

9900 SUGARMILL SPRINGS DR
FT MYERS FL 33905

Mailing Address

9900 SUGARMILL SPRINGS DR
FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0259325

Applied For

Not Applicable

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

County

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

County

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FT MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee application

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	FOUS, WILLIAM
STREET ADDRESS	7489 PHILIPS CREEK COURT
CITY, ST, ZIP	FT MYERS FL
TITLE	D
NAME	KELLY, JOSEPH
STREET ADDRESS	9791 SUGARMILL SPRGS DR, LOT 100
CITY, ST, ZIP	FT MYERS FL
TITLE	STD
NAME	GASTELLANOS, CINDY
STREET ADDRESS	4215 KASAMADA
CITY, ST, ZIP	FT MYERS FL
TITLE	STD DIRECTOR
NAME	MITCHELL W. KROHN
STREET ADDRESS	394 ESTERO BLVD. #406
CITY, ST, ZIP	Ft. Myers Beach, FL 33931
TITLE	STD DIRECTOR
NAME	BOB J. HIGGINS
STREET ADDRESS	2800 ESTERO BLVD. #105
CITY, ST, ZIP	Ft. MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	FERRING, FRANCES
23 STREET ADDRESS	144 WALKER DRIVE
24 CITY, ST, ZIP	FT MYERS, FL
31 TITLE	☒ Change ☐ Addition
32 NAME	D
33 STREET ADDRESS	ELIZABETH GURRICH
34 CITY, ST, ZIP	9807 Sugarmill Springs Dr.
41 TITLE	☐ Change ☒ Addition
42 NAME	MITCHELL W. KROHN
43 STREET ADDRESS	394 ESTERO BLVD #406
44 CITY, ST, ZIP	FT MYERS BEACH FL 33931
51 TITLE	☐ Change ☒ Addition
52 NAME	BOB J. HIGGINS
53 STREET ADDRESS	2800 ESTERO BLVD #105
54 CITY, ST, ZIP	FT MYERS BEACH, FL 33931
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

MITCHELL W. KROHN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MITCHELL W. KROHN

MAY 08, 1995

MAY 08, 1995 (813)694-1900

0050300