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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:15

DOCUMENT # N46508 (0)

1. Corporation Name
SUMMERLIN SQUARE LOT OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% KEVIN F. JURSINSKI 2000 MAIN ST., SUITE 402 FT. MYERS FL 33901	% KEVIN F. JURSINSKI 2000 MAIN ST., SUITE 402 FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0329217 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17105 San Carlos Blvd.	26 2 Reservoir Ci.
Suite, Apt. #, etc. 22 Suite F-3	Suite, Apt. #, etc. 27 Suite 104
City & State 23 Ft. Myers Beach Fl. 33931	City & State 28 Baltimore, Md.
Zip / Country 24 33931 / 25 Lee	Zip / Country 29 21208 / 30 Baltimore

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) Tax Exempt Status ☐ — $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

JURSINSKI, KEVIN F.
2000 MAIN ST.
SUITE 402
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

61 Name: Kevin F. Jursinski
62 Street Address (P.O. Box Number is Not Acceptable): 2222 2nd Street
63
64 City: Fort Myers, Florida FL 65 Zip Code: 33901-3026

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	STERN, IVAN	1.2 NAME	
STREET ADDRESS	2 RESERVOIR CIRCLE, #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	BONKOWSKI, EDWARD J.	2.2 NAME	
STREET ADDRESS	17105 SAN CARLOS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	JURSKINSKI, KEVIN F.	3.2 NAME	
STREET ADDRESS	2000 MAIN ST., STE. 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: [signature] Ivan Stern, President 410-486-2484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000187J3