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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001503 (8)**

1. Corporation Name

**SPORTSMAN'S VILLAGE PROPERTY OWNERS ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

C/O MARLENE ZIEGLER
BOX 1412
MOORE HAVEN FL 33471

C/O MARLENE ZIEGLER
BOX 1412
MOORE HAVEN FL 33471

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

65-0743686

Applied For

Not Applicable

6. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**ZIEGLER, MARLEN
C/O COOK 613
43 MALLARD LN
MOORE HAVEN FL 33471**

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 officer 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

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 **WAGEMAKER, ROBERT L**
STREET ADDRESS **43 MALLARD LN**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☒ DELETE

NAME **ZIEGLER, MARLENE**
STREET ADDRESS **43 MALLARD LN**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☒ DELETE

NAME **WHITTAKER, PAUL J**
STREET ADDRESS **43 MALLARD LN**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

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 **P-D** ☒ Change ☐ Addition

1.2 NAME **PAUL C. REBLE**
1.3 STREET ADDRESS **603 BROAD COURT, SO.**
1.4 CITY-ST-ZIP **NAPLES, FL 34102**

2.1 TITLE **VP-D** ☒ Change ☐ Addition

2.2 NAME **JOHN CARRINGTON**
2.3 STREET ADDRESS **4300-22ND PLACE, S.W.**
2.4 CITY-ST-ZIP **NAPLES, FL 34116**

3.1 TITLE **S-T-D** ☒ Change ☐ Addition

3.2 NAME **DIANA M. REBLE**
3.3 STREET ADDRESS **603 BROAD COURT, SO.**
3.4 CITY-ST-ZIP **NAPLES, FL 34102**

4.1 TITLE **S-T-D** ☒ Change ☐ Addition

4.2 NAME **KATHY BROOKE**
4.3 STREET ADDRESS **4300-22ND PLACE, S.W.**
4.4 CITY-ST-ZIP **NAPLES, FL 34116**

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 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:

PAUL C. REBLE

1/31/98 (94) 261-2154

CR2E037 (1097)