2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90395 040 ****61.25

DOCUMENT # N97000004230

1. Entity Name
SUTTON WALK AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16257 WILLOWCREST WAY FT. MYERS, FL 33908 US	16257 WILLOWCREST WAY FT. MYERS, FL 33908 US

04012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
15600 San Carlos Blvd.	15600 San Carlos Blvd.
Suite, Apt. #, etc.: #40	Suite, Apt. #, etc.: #40
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country:	Zip: 33908 Country:

4. FEI Number 65-0734979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BETH HUFF
16257 WILLOWCREST WAY
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent

Name: Paul L. Sapp
Street Address (P.O. Box Number is Not Acceptable): c/o P+M Property Management
15600 San Carlos Blvd., #40
City: Ft. Myers, FL **FL** Zip Code: 33908

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: Paul L Sapp 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROOKOVER, JAMES 16257 WILLOWCREST WAY FT. MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLOCHANY, GEORGE 16257 WILLOWCREST WAY FT. MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, JAMES 16257 WILLOWCREST WAY FT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALLEN, WILLIAM JR 16257 WILLOWCREST WAY FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, WILLIAM 16257 WILLOWCREST WAY FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James L Brookover JAMES L. BROOKOVER 4-28-04 2394157891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #