2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90141 030 ****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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

ENGLAND, BARBARA
16257 WILLOWCREST WAY
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name Beth Huff
Street Address (P.O. Box Number is Not Acceptable)
16257 Willowcrest Way
City Fort Myers 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 Beth Huff Beth Huff, CAM, HOA Administrator 3-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	DP CARNAHAN, DICK 16257 WILLOWCREST WAY FT. MYERS FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer James Brookover 16257 Willowcrest Way Fort Myers FL 33908	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHIPPEREIT, GEORGE 16257 WILLOWCREST WAY FT. MYERS FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KLOCHANY, GEORGE 16257 WILLOWCREST WAY FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President George Klochany 16257 Willowcrest Way Fort Myers FL 33908	☑ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALLEN, WILLIAM JR 16257 WILLOWCREST WAY FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President William Allen 16257 Willowcrest Way Fort Myers FL 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William Friedman 16257 Willowcrest Way Fort Myers FL 33908	☐ Change ☑ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Beth Huff 4-23-03 (239) 437-0404