E NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary) of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** SUGARLOAF OF SOUTHWEST FLORIDA, INC. Mailing Address Principal Place of Business 12581 Metro Parkway Suite #14 3. Date Incorporated or Qualified 3a. Date of Last Report 33912 Ft. Myers, 7-12-95 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0597705 26 21 \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Z_{W} Zφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAWRENCE J. SKOWRONEK Street Address (P.O. Box Number is Not Acceptable) 82 12581 Metro Parkway, Suite #14 83 33912 Ft. Myers, 85 Zip Gode 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the atriove 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Sziction 607,0505, Florida Statutes. SIGNATURE - المراكزة (N. T. Floged and Agent signature (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1.116.6 TITLE Presi CR2E034 12 NAM5 NAME 13 STREE ADDRESS STREET ADDRESS 1.4 City -\$1, Ze. 0173 - 57 - 719 Add tion Change DELETE 2 1 IVI. E TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 C(TY - ST-Z)P CITY - ST - ZIP Change Addition DELFTE 3.15(L) THLE 3.2 NAM² NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - St. ZiP CHY-ST-ZIP ☐ Change Add tion Ditfle 4 1 liftiE LILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY \$1 - ZIP CITY-ST-ZIP ■ Addition Change DELETE 5.1 !!!!!! TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City -SE-ZIP : Addition CITY - ST - ZIP 8000018595B DELETE 6 1 TIFLE THUE -06/12/96--01040--016 6.2 NAME NAME 6.3 STREET ADDRESS

6 4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing its voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplied entitle 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if chapt 17 on an attachment with an address

STREET ADDRESS

513-860-4423

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***200.00