FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 APR 27 PM 12:45

DOCUMENT # **742112** (6)

1. Corporation Name

STE. ADELE SOUTH CONDOMNIUM. INC. DBA Summit Cove

Principal Place of Business	Mailing Address
8520 U.S. 1 MICCO FL 32976-9609	8520 U.S. 1 MICCO FL 32976-9609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1958402 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26 8520 US Hwy 1
Suite, Apt. #, etc. 22 Micco 8520 US Hwy	Suite, Apt. #, etc. 27 Micco
City & State 23 Micco FL	City & State 28 FL
Zip 24 32976 Country 25 USA	Zip 29 32976 Country 30 BREVARD

9. Name and Address of Current Registered Agent

BASTIEN, MARCEL
8520 US HWY 1
MICCO FL 32958

10. Name and Address of New Registered Agent

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 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	D	11 TITLE	☐ Change ☐ Addition
NAME	PICARD, GEORGE	12 NAME	
STREET ADDRESS	1975 BOUL CHAREST OUEST	13 STREET ADDRESS	800001469678
CITY-ST-ZIP	STE FOY QUE.CANADA	14 CITY-ST-ZIP	-05/01/95--01072--007
			****130.00 ****130.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHN	22 NAME	
STREET ADDRESS	1640 AVE RIVARD	23 STREET ADDRESS	
CITY-ST-ZIP	VILLE VANIER QUE GIM	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	COLLIDGE, THOMAS	32 NAME	
STREET ADDRESS	8520 US HWY 1, #C4	33 STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☑ Change ☐ Addition
NAME	GWINN, ROBERT	42 NAME	PD
STREET ADDRESS	8520 U.S. HWY 1	43 STREET ADDRESS	GWINN IdA
CITY-ST-ZIP	MICCO FL	44 CITY-ST-ZIP	8520 US Hwy 1
			Micco FL 32976 # C12
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	NARSHALL, JEANNE	52 NAME	
STREET ADDRESS	8520 U.S. HWY 1	53 STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARTIN, THERESE	62 NAME	DelA
STREET ADDRESS	8520 US HWY 1	63 STREET ADDRESS	
CITY-ST-ZIP	MICCO, FL 00000	64 CITY-ST-ZIP	4-27

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)(k), 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: Therese MARTIN Therese Martin Dir 4/14/95 407-664-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037089