2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742112

1. Entity Name

SUMMIT COVE CONDOMINIUM ASSO. INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90090 013 ****61.25

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

DO NOT WRITE IN THIS SPACE

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 59-1958402 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASTIEN, MARCEL 8520 US HWY 1 MICCO FL 32976	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SD WRIGHT, THELMA 8520 US HWY 1 #F1 MICCO FL 32976	☐ Delete	SD Thelma Wright 8520 U.S.Hwy1 #F1 Micco, Fl. 32976	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ D ADAMS, JOHN 1640 AVE RIVARD VILLE VANIER QUE GIM	☐ Delete	D Dave Geller 8520 U.S.Hwy1 #H6 Micco, Fl. 32976	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCANLAN, JOE 8520 US HIGHWAY 1 #C10 MICCO FL	☐ Delete	VD Wilfred Prodell 8520 U.S.Hwy1 #H10 Micco, Fl. 32976	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GWINN, IDA 8520 US HWY 1 #C12 MICCO FP 32976	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ D MARSHALL, JEANNE 8520 U.S. HWY 1 MICCO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAQUETTE, ROBERT 1060 DU MERLON ANCIENNE LORETTE CA G2E 5	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Jeanne Marshall JEANNE MARSHALL 561-664-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #