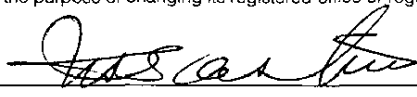
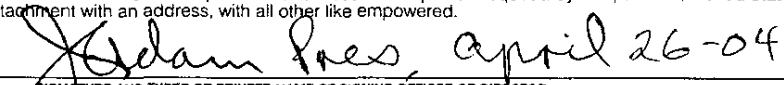


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90245 024 ****61.25

DOCUMENT # 742112 1. Entity Name SUMMIT COVE CONDOMINIUM ASSO. INC.					
Principal Place of Business 8520 U.S. 1 MICCO FL 32976-9609			Mailing Address 8520 U.S. 1 MICCO FL 32976-9609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Marcel Bastien D  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				04/26/04 DATE	
FILE NOW: 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	SD MCCABE, TERESA 8520 US HWY 1, #G7 MICCO FL 32976	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Chandley Carole 8520 U.S.Hwy1 #C4 Micco, Fl. 32976	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JOHN 8520 US HWY 1, #H3 MICCO FL 32976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coolidge Borothy (Delete) 8520 U.S.Hwy1 Micco, Fl. 32976 (moved)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANLAN, JOE 8520 US HIGHWAY 1 #C10 MICCO FL 32976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bastien-Marcel 8520 U.S.Hwy1 #D2 Micco, Fl. 32976	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GWINN, IDA 8520 US HWY 1 #C12 MICCO FP 32976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHALL, JEANNE 8520 U.S. HWY 1 MICCO FL 32976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, LISE 8520 US HWY 1, #A3 MICCO FL 32976	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					