2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90111 013 ****61.25

DOCUMENT # 742112

1. Entity Name

SUMMIT COVE CONDOMINIUM ASSO. INC.

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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
8520 U.S.1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Micco, Florida	City & State
Zip: 32976 Country: Brevard	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3-31-05
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
Due By May 1, 2005

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 CHANDLEY, CAROLE 8520 US HWY 1, #C4 SEBASTIAN FL 32976	☒ Delete	P/D Stanley Shuecraft 8520 U.S.Hwy1 #C5 Micco,Fl.32976	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S V/D ADAMS, JOHN 8520 US HWY 1, #H3 MICCO FL 32976	☐ Delete	D Mary Kempa 8520 U.S.1 #C6 Micco, Fl. 32976	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCANLAN, JOE 8520.US HIGHWAY 1 #C10 MICCO FL 32976	☐ Delete	D Timothy Houlihan 8520 U.S.Hwy1 #B7 Micco, Fl. 32976	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D GWINN, IDA 8520 US HWY 1 #C12 MICCO FP 32976	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARSHALL, JEANNE 8520 U.S. HWY 1 MICCO FL 32976	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBLANC, LISE 8520 US HWY 1, #A3 MICCO FL 32976	☐ Delete		☐ 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: John Adam V/P John Adam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #