2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-13-2007 90167 004 ****61.24
742112

FILED
07 APR 20 AM 8:38

DOCUMENT # 742112

1. Entity Name

SUMMIT COVE CONDOMINIUM ASSO. INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

FILE NOW: FEE IS $61.25 Due By May 1, 2007

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 YOUNG, JANE 8520 US HWY 1 # E6 MICCO FL 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ADAMS, JOHN 8520 US HWY 1, #H3 MICCO FL 32976	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MARTIN Therese 8520 U.S. Hwy 1 #D2 Micco Fl. 32976	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~D~~ VP SCANLAN, JOE 8520 US HIGHWAY 1 #C10 MICCO FL 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD GWINN, IDA 8520 US HWY 1 #C12 MICCO FP 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	4/23	☐ 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 exemptions contained in Section 119, 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: Therese Martin Therese MARTIN 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #