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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000645 (1)

1. Corporation Name
SUMMIT APARTMENT MANAGEMENT COMPANY

Principal Place of Business
212 SOUTH TRYON STREET
SUITE 500
CHARLOTTE NC 28281

Mailing Address
212 SOUTH TRYON STREET
SUITE 500
CHARLOTTE NC 28202-3202



3. Date Incorporated or Qualified 02/09/1994
3a. Date of Last Report 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 56-1859738	Applied For Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GUIRE JR, WILLIAM B	1.2 NAME	
STREET ADDRESS	212 S. TRYON STREET., STE 500	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, JOHN T	2.2 NAME	PRESIDENT
STREET ADDRESS	212 S. TRYON STREET., STE 500	2.3 STREET ADDRESS	William B. Hamilton
CITY - ST - ZIP	CHARLOTTE NC	2.4 CITY - ST - ZIP	212 South Tryon Street, Ste. 500
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Charlotte, NC 28281
NAME	PAULSEN, WILLIAM F	3.2 NAME	
STREET ADDRESS	212 S. TRYON STREET., STE 500	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RAYMOND V	4.2 NAME	
STREET ADDRESS	212 S. TRYON STREET., STE 500	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHLMAN, KEITH H	5.2 NAME	
STREET ADDRESS	212 S. TRYON STREET., STE 500	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUFARO, DAVID F	6.2 NAME	
STREET ADDRESS	212 S. TRYON STREET., STE 500	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *John C. Moore* JOHN C. MOORE 2/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)

SUMMIT MANAGEMENT COMPANY

Schedule of Officers & Directors

OFFICERS

<u>Name</u>	<u>Title</u>
William B. Hamilton	President
William F. Paulsen	Vice President
Raymond V. Jones	Vice President
Keith H. Kuhlman	Vice President
David F. Tufaro	Vice President
Terry Danner	Regional Vice President
Randy Ell	Regional Vice President
Bruce Keene	Regional Vice President
Mary Beth Marshall	Regional Vice President
Michael L. Schwarz	Chief Financial Officer
John C. Moore	Treasurer & Controller
Michael G. Malone	Secretary

DIRECTORS

<u>Name</u>	<u>Title</u>
William B. McGuire, Jr.	Chairman of the Board of Directors
William F. Paulsen	Director
John T. Gray	Director
Raymond V. Jones	Director
Michael L. Schwarz	Director

The Address of all the above Officers & Directors is:

212 South Tryon Street; Suite 500 Charlotte, NC 28281