

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

2/4/20

02-04-2003 90111 002 ****61.25

DOCUMENT # N02000000481



1. Entity Name
SUMMER WOODS OF DELAND HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O BOOKER & CHMIELARSKI, PA C/O BOOKER & CHMIELARSKI, PA
170 BLOXHAM AVE. 170 BLOXHAM AVE.
ORANGE CITY FL 32763 ORANGE CITY FL 32763

00019334



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **80-0029430** Applied For Not Applicable

Zip Country Zip Country

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

**BOOKER, KIM C ESQ.
BOOKER & CHMIELARSKI, PA
170 BLOXHAM AVENUE
ORANGE CITY FL 32763**

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, ROBERT C JR. <i>FUNK T</i> <input type="checkbox"/> Delete 505 SANDALE COURT DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, CHERYL A <i>FUNK T</i> <input type="checkbox"/> Delete 505 SANDALE COURT DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DON <i>T Hill</i> <input type="checkbox"/> Delete 218 CROOKED TREE TRAIL DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 same-like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2003 386-734-8579
Date Daytime Phone #