FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FILED
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04058 (6)

1. Corporation Name

SUMMERFIELD MASTER COMMUNITY ASSOCIATION, INC.

FILED
95 FEB 28 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVE. TAMPA FL 33612 US	%UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVE. TAMPA FL 33612 US

3. Date Incorporated or Qualified: 07/09/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2479864 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LASHLEY, JAMES C
311 PARK PLACE BLVD
STE 600
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: ANTONIO DUARTE III
82 Street Address (P.O. Box Number is Not Acceptable): 11959 N. FLORIDA AVE
83
84 City: TAMPA FL 85 Zip Code: 33612

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: [signature] ANTONIO DUARTE III 2/8/95
Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	PD	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BUSH, WILLIAM	1.2 NAME	Wayne Witczak	
STREET ADDRESS	311 PARK PL STE 600	1.3 STREET ADDRESS	12946 Prestwick	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	MCRAE, THOMAS	2.2 NAME	Mike Norton	
STREET ADDRESS	12815 TALLOWOOD DR	2.3 STREET ADDRESS	11911 Cedarfield Drive	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	STD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MILLER, FRANCINE	3.2 NAME	Fred Sikorski	
STREET ADDRESS	311 PARK PL STE 600	3.3 STREET ADDRESS	311 Park Place Suite 600	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE		4.1 TITLE	D	☐ Change ☑ Addition
NAME		4.2 NAME	John Sellinger	
STREET ADDRESS		4.3 STREET ADDRESS	311 Park Place Suite 600	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: [signature] WILLIAM H. BUSH 2-15-95 (813)977-0991
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

00014215