

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04058 (6)
1. Corporation Name
SUMMERFIELD MASTER COMMUNITY ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **07/09/1984** 3a. Date of Last Report **02/28/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

DUARTE, ANTONIO I
11959 N FLORIDA AVENUE
STE 600
TAMPA FL 33612

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed 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 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	John Sellinger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, WILLIAM	1.2 NAME	
STREET ADDRESS	311 PARK PL STE 600	1.3 STREET ADDRESS	311 Park Pl Ste 600
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Tracey Rhoderick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRAE, THOMAS	2.2 NAME	
STREET ADDRESS	12815 TALLOWOOD DR	2.3 STREET ADDRESS	12931 Prestwick Drive
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRANCINE	3.2 NAME	
STREET ADDRESS	311 PARK PL STE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCZAK, WAYNE	4.2 NAME	
STREET ADDRESS	12946 PRESTWICK	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, MIKE	5.2 NAME	
STREET ADDRESS	11911 CEDARFIELD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKORSKI, FRED	6.2 NAME	
STREET ADDRESS	311 PARK PLACE, SUITE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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)(k), 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 at the receipt 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bush 1-25-96 888-5533
Date Daytime Phone #

CR2E037 (12/95)