FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11634

(5)

SUMMIT RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 05 1997 8:00 am Secretary of State

1321 SUMMIT PINES BLVD W PALM BCH. FL 33415-5906-			1321 SUMMIT PINES BLVD W PALM BCH. FL 33415-4778									
								3. Da	ate Incorporated or Qualif 10/17/1985	ied 3a.	Date of Last R 04/24/19	eport 96
2. Principal Place of Business		2a. Maili	2a. Mailing Address			4. FE	Number	•	Αţ	oplied For		
21		26	26				59-2683007		No	ot Applicable		
Suite, Apt. #, etc.		Suite 27	Suite, Apt. #, etc.			5 . Ce	ertificate of Status Desired	; <u> </u>	\$8.75 Additional Fee Required			
City & State			City	City & State			6. El	ection Campaign Financir	ng	\$5.00	May Be	
23		28	28			Tr	ust Fund Contribution			to Fees		
Zip		Country	Zip	Zip Country		8. Th	8. This corporation has liability for intangible tax under s. 199.032,					
24	25		29		30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
						81 Name						
LADWIG, PATTI H				82 Street Addr			Address (P.O.	ddress (P.O. Box Number is Not Acceptable)				
1645 PALM BEACH LAKES BLVD							,					
SUITE 64	10					83						i
WEST PALM BEACH FL 33401						84	City			F	85 Zip	Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the abo					ı by	the corp	corporation s ocration's boa	ubmits this statement for rd of directors. I hereby a	the number	of changing i	ts registered 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 applic	able {NO	TE: Registered	J Agen	t signature	required when rein		DATE		
12.		OFFICERS A	ND DIRECTOR		13.				DITIONS/CHANGES TO C	OFFICERS A		
TITLE	PD			DELETE	1.1 TO	LE		Presi o	11. S	امم م	Change	☐ Addition
NAME	ELLIS, N	IARY C.			1.2 NA	ME	1	Marie Park	Ellis,	* (pq · · ·		
STREET ADDRESS 1359 PINES LANE		•	1.3 STREET ADDRESS		1359 PINES LANE							
CITY-ST-ZIP W PALM BCH. FL 33415		15	1.4 CITY-ST-ZIP		West	PARM BCh.	F1 334	15				
TITLE	\$D			DELETE	2.1 TO	[LE	1	VICE Or	chinent D		4 Change	Addition
NAME LUGO, NERLIDA			2.2 NAME		ŀ	سلسيد 🔀	Non Jeans	Ω		1		
STREET ADDRESS 1334 SUMMIT RUN CIR			2.3 ST		REET A	ADDRESS	1 442	20 WW 4 1001	1,41,001,00			
CITY-ST-ZIP W. PALM BEACH FL			2. 4 CITY-S		TY - \$1	T-ZIP	W. Pa	um Bch 141	<u> </u>	·		
TITLE	VD.			DELETE	3.1 10	LE		Sec.			Change	Addition
NAME BERNHARD, LEONARD		3.2 NA	3.2 NAME		RIAWING, ROSEMAN							
STREET ADDRESS 1442 SUMMIT RUN CIRCLE			3.3 STREET		ADDRESS	1383 SUMMIT RUM CR			. •			
CITY-ST-ZIP W. PALM BCH FL 334/15		3.4. C	3.4. CITY-ST-ZIP		12-P	Alm Bch .	2133y	15				
TITLE			•	☐ DELETE	4.1 10	LE			Sucer		Change	4 Addition
NAME					4. 2 N	AME		2	-Sebastic	100, (PAUL	
STREET ADDRESS					4.3 ST	REET A	ADDRESS	5-10	Via Couct			
CITY-ST-ZIP 4.4			4.4 CF	TY-ST	- ZIP	10 45	Kim Court	2h ,C1	<u>334/5"</u>			
TITLE				☐ DELETE	5.1 11	ΙŁΕ					Change	☐ Addition
NAME					5.2 NA	ME			2/2			
STREET ADDRESS			5.3 STREET ADDRESS			75 10	/					
CITY-ST-ZIP					5.4 C(TY-ST	- ZiP		1')"			
TITLE				☐ DELETE	61 Ti	LE					Change	Addition
NAME					62 N/	ME	ļ		8000020)78a	258	
STREET ADDRESS					6351	REET	ADDRESS		-02/05/970			
CITY-ST-ZIP					6.4 CI	1Y-S1	-ZIP		****81、2写			
14. I do heret	y certify the	t the information supp	hed with this filir	g does not qua	lify for the	exer	nption st	tated in Secti	on 119.07(3)(i), Florida St	atutes. I furt	her 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; the lam 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, or on an attachment with an address.

14041 Elis /20/00 5/61-189-10185