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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N13494 (2)

1. Corporation Name
SUMMER COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1385 HWY A1A. UNIT 202 P. O. BOX 373177 SATELLITE BEACH FL 32937	1385 HWY A1A. UNIT 202 P. O. BOX 373177 SATELLITE BEACH FL 32937

2. Principal Place of Business	2a. Mailing Address
21 1385 HWY A1A	26 1385 HWY A1A
Suite, Apt. #, etc. 22 P. O. BOX 373177	Suite, Apt. #, etc. 27 P. O. BOX 373177
City & State 23 SATELLITE BCH, FL	City & State 28 SATELLITE BCH, FL
Zip / Country 24 32937 / 25 BREVARD	Zip / Country 29 32937 / 30 BREVARD

3. Date Incorporated or Qualified: 02/20/1986
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2663916 ☐ 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

9. Name and Address of Current Registered Agent

THOMAS, BRUCE J.
1385 N A1A, UNIT 202
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: HEARON, BOBBI
82 Street Address (P.O. Box Number is Not Acceptable): 1385 N A1A, UNIT 102
83
84 City: SATELLITE BEACH FL 85 Zip Code: 32937

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: Bobbi Hearon — Bobbi Hearon, President — 04-24-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, BRUCE 1385 N.A1A, UNIT 202 SATELLITE BCH. FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FREEMAN, DORIS 1385 N A1A, UNIT 206 SATELLITE BEACH FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PLANK, MARK 1385 N A1A UNIT 104 SATELLITE BCH FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTT, SHIRLEY 1385 N A1A #204 SATELLITE BEACH FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD HEARON, BOBBI 1385 N A1A, UNIT 102 SATELLITE BEACH, FL 32937	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD FREEMAN, JOHN 1385 N A1A, UNIT 206 SATELLITE BEACH, FL 32937	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD OTT, SHIRLEY 1385 N A1A, UNIT 204 SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 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.

SIGNATURE: Bobbi Hearon — BOBBI HEARON, PRES. — 04-24-96 — 407-779-8308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036899