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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N13494 DOCUMENT #

(2)

SUMMER COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of B	Business	Mailing Address		i idititat dat riggs biets diden natur gen auger i	
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		3. Date Incorporated or Qualified 3a. 02/20/1986	Date of Last Report 04/12/1995
		De Mailing Address		4. FEI Number	Applied For
2. Principal Place		2a. Mailing Address 26 1385 HWY A1	Α	59-2663916	Not Applicable
21 1385 H Suite, Apt. #, et	IWY A1A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	BOX 373177	27 P. O. BOX 3	37317 <u>7 </u>		\$5.00 May Be
City & State		City & State	ou er	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 SATELL	ITE BCH, FL	28 SATELLITE E	Country	A. This corporation has liability for intangible	e tax under s. 199.032,
Zip	Country	^{Zip} 32937 30	¬ -	Florida Statutes X Yes	
24 32937	25 BREVARD 9. Name and Address of Current	1 ² 32331		10. Name and Address of New Register	d Agent
			81 Name	DOM BORRT	
THOMAS, E	BRUCE A		82 Street A	RON BORBI ddress (P.O. Box Number is Not Acceptable)	
170M/43, E	A, UNIT 202		138	5 N A1A, UNIT 102	
SATELLITE	BEACH FL 32937		83		
ONICLUIC	Mental in Aman.		84 City		85 Zip Code 32937
		<u> </u>	СУТ	ELLLITE BEALT	
11. Pursuant to t	he provisions of Sections 617.0502	and 617,1508, Florida Statutes, t	the above-named cor by the corporation's b	poration submits this statement for the purpose of spoard of directors. I hereby accept the appointment of the purpose of spoard of directors. I hereby accept the appointment of the purpose of spoard of directors.	as registered agent. I am
or registered familiar with	agent, or both, in the State of Florid and accept the obligations of Secti	ion 617.0503, Florida Statutes.	•		
	Boblie Bla	. a Robbi	Uoaron	Dragident U4-29	4-20 <u> </u>
CICNISTUDE			uearon,	1100100	
SIGNATURE	nature, typed or printed name of registered agent	and tide it applicable (NOTE: F	Registered Agent signafure re	DAT	E AND DIRECTORS IN 12
12.	nature, typed or printed name of registered agent OFFICERS ANI	and title it applicable NOTE: F D DIRECTORS	negistered Agent signafure re	Quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS.	£
12.	nature, typed or printed name of registered egent OFFICERS ANI PD	and tide it applicable (NOTE: F	13.	pured when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS. PD	E AND DIRECTORS IN 12
12. TITLE NAME	nature, typed or printed name of registered agent OFFICERS ANI PD THOMAS, BRUCE	and title it applicable NOTE: F D DIRECTORS	negistered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS CHANGES TO OFFICERS. PD HEARON, BOBBI	E AND DIRECTORS IN 12
SIĞ 12. TITLE	PD THOMAS, BRUCE 1385 N.A1A, UNIT 202	and title it applicable NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS CHANGES TO OFFICERS. PD HEARON, BOBBI 1385 N A1A, UNIT 102	E AND DIRECTORS IN 12 Change 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BRUCE 1385 N.A1A, UNIT 202 SATELLITE BCH. FL	arcibre il applicable (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS CHANGES TO OFFICERS. PD HEARON, BOBBI	E AND DIRECTORS IN 12 Change 5 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD THOMAS, BRUCE 1385 N.A1A, UNIT 202 SATELLITE BCH. FL STD	and title it applicable NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME	ADDITIONS CHANGES TO OFFICERS PD HEARON, BOBBI 1385 N A1A, UNIT 102 SATELLITE BEACH, FL 3 STD FREEMAN, JOHN	E AND DIRECTORS IN 12 Change 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD THOMAS, BRUCE 1385 N.A1A, UNIT 202 SATELLITE BCH. FL STD FREEMAN, DORIS	arcibre il applicable (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME	ADDITIONS: CHANGES TO OFFICERS PD HEARON, BOBBI 1385 N A1A, UNIT 102 SATELLITE BEACH, FL 3 STD FREEMAN, JOHN 1385 N A1A, UNIT 206	Change Addition Change Addition Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and docurate and that my signature shall have the same legal effect as if made under 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 certify 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, PRES. 04-24-96 407-779-83 BOBBI HEARON, PRES. 04-24-96 407-779-8308