2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-03-2001 90115 007 ****61.25

DOCUMENT # N13494

1. Entity Name

SUMMER COVE CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2663916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JOHN 1385 N A1A UNIT 203 SATELLITE BEACH FL 32937	Name LARRY ALLGOOD Street Address (P.O. Box Number is Not Acceptable) 1385 N. A1A UNIT 202 City SATELLITE BEACH FL Zip Code 32937

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Larry Allgood 03-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Larry Allgood

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, JOHN 1385 N A1A UNIT 203 SATELLITE BEACH FL	☒ Delete	PD LARRY ALLGOOD 1385 N A1A UNIT 202 SATELLITE BEACH FL	☒ Change ☒ Addition [D] 4-23-01
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FOREHARD, WALTER 1385 N A1A UNIT 102 SATELLITE BEACH FL 32937	[D] 4-23-01 ☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRY, JAMES R 1385 N A1A UNIT 101 SATELLITE BEACH FL 32937	[D] ☒ Delete [Reinstated 4-23-01		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

4-23-01

SIGNATURE: SIGNATURE REQUIRED 03-3-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Larry Allgood Date Daytime Phone #