

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90019 030 ****61.25

DOCUMENT # N13494

1. Entity Name

SUMMER COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1385 HWY A1A
P.O. BOX 373177
SATELLITE BEACH FL 32937
US

Mailing Address

1385 HWY A1A
P. O. BOX 373177
SATELLITE BEACH FL 32937
US

B0043921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

ALLGOOD, LARRY
1385 N A1A
UNIT 202
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Forehand, Walter K

Street Address (P.O. Box Number is Not Acceptable)

1385 N A1A #102

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

Walter K. Forehand

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-23-02

DATE

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

TITLE	PD	☒ Delete
NAME	ALLGOOD, LARRY	
STREET ADDRESS	1385 N A1A UNIT 203	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VPD	☒ Delete
NAME	FOREHAND, WALTER	
STREET ADDRESS	1385 N A1A UNIT 102	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	☐ Delete
NAME	TERRY, JAMES R.	
STREET ADDRESS	1385 N A1A UNIT 101	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	FOREHAND, WALTER K	
STREET ADDRESS	1385 HWY A1A, UNIT 102	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VPD	☒ Change ☐ Addition
NAME	RICHARD D. WICKMAN	
STREET ADDRESS	1385 HWY A1A UNIT 103	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *W. K. Forehand* **W. K. FOREHAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

321-779-3975

Daytime Phone #

CR2E037 (9/01)