

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90042 035 ****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		
2. Principal Place of Business 1385 HWY A1A Suite, Apt. #, etc.			3. Mailing Address P.O. Box 373177 Suite, Apt. #, etc.		
City & State SATELLITE BEACH, FL			City & State SATELLITE BEACH, FL		
Zip 32937		Country USA		4. FEI Number 59-2663916	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, RICHARD 1385 A1A UNIT 202 SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, RICHARD 1385 A1A UNIT 202 SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FRANKLIN, Richard SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY, JAMES R 1385 A1A UNIT 101 SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Terry, James - Same -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, LANE 1385 A1A UNIT 102 SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Warren, Lane - Same -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Richard Franklin, Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>3/14/05</u>		Daytime Phone #: <u>407 463 3999</u>