NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30036

1. Corporation Name

SUMMERWOOD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

836 SUMMERWOOD DR. JUPITER FL 33458 836 SUMMERWOOD DR. JUPITER FL 33458

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90016 044 ****61.25

1 (13)(11)	18 1919) 88191 8818 1	. 1111 5 5 711 3 2 3 21 323	1) 11111 1111 0 11 1 11	8(\$I) (BB)

	·
Principal Place of Business . 2a. Mailing Address	3. Date Incorporated or Qualifed
27 901 Summerwood Dr. 26 801 Summer	Meraxxxx 01/04/1989
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number Applied For
22 27 —	69-0130789 Not Applicable
City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Zip 3 3 4 CO 5	Country Trust Fund Contribution 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Tumb una rice of the rice of t	81 Name Toplace Ningol /
CONARD, CYNTHIA H	82 Street Address (P.O. Box Number is Not Acceptable)
836 SUMMERWOOD DR.	801 Summer wade Drive
JUPITER FL 33458	83
JOHNER LE 20400.	ed City 7. I les 7in Code
	84 City Juditer FL 85 33458
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 aut agent I am familiar with, and accept the obligations of Section 617/0503, Floridations of the state of Flori	horized by the corporation's board of directors. I hereby accept the appointment as registered la Statutes.
(anuary 14, 1949
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature required when reinstating) DATE DATE
12. OFFICERS AND DIRECTORS	13. VADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE PD DELETE	1.1 TITLE PD - OLL GCOCUSON Change Addition
NAME SUTHERLAND, DAVID	12 NAME JOSEPH PERGUSON DVIVE
STREET ADDRESS 825 SUMMERWOOD DR.	1.3 STREET ADDRESS
CITY-ST-ZIP JUPITER FL 33458	14 CITY-ST-ZIP JUNITED FID (100 33475)
TITLE VPD DELETE	2.1 TITLE VAD Change Addition
NAME SHOCKLEY, DAVID	22 NAME JOY MC GOVERN
STREET ADDRESS 848 SUMMERWOOD DR.	23 STREET ADDRESS 863 SUMME (WOOD DYLVE)
CITY-ST-ZIP JUPITER FL 33458	240TY-ST-ZP SUPPLEY FLORIDA 33430
TINE TSD DELETE	3.1 TILE T/S/D Addition
NAME CONARD, CYNTHIA H	32 NAME DIANNA LIEETERS
STREET ADDRESS 836 SUMMERWOOD DR.	33 STREET ADDRESS BOL SUMMER WOOD Drive
CITY-ST-ZIP JUPITER FL 33458	34.CTTY-ST-ZIP JUDITES Florida 334.SB
TIME DELETE	Taning
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP DELETE	4.4 CITY-ST-ZIP Change Addition
	5.1 TITLE Change Addition
NAME	5.3 STREET ADDRESS
STREET ADDRESS	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
CITY-ST-ZIP DELETE	6.1 TILE Change Addition
	62 NAME
NAME	6.3 STREET ADDRESS
STREET ADDRESS	6 A CITY ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 pn an attachment with an address, with allyother like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14,1997 (561) (42-550 / 4)

CR2F037 (11/