## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2000 8:00 am Secretary of State **DOCUMENT # N30036** 1. Entity Name 05-16-2000 90168 050 \*\*\*\*61.25 SUMMERWOOD HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address BOI SUMMERWOOD OR 801 SUMMERWOOD DR JUPITER FL 33458 JUPITER FL 33458-7561 3. Mailing Address 2. Principal Place of Business 836 Summers and M Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 69-0130789 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 116 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address, P.O. Box Number is Not Acceptable) TEETERS, DIANNA L 801 SUMMERWOOD DRIVE Dummeno D Bd JUPITER FL 33458 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D D PD **Addition** TITLE ☐ Change TITLE Lesie FERGUSON, JOSEPH NAME NAME Summe rusood Dr. STREET ADDRESS STREET ADDRESS 888 SUMMERWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change **X**) Addition TITLE TITLE MCGOVERN, JOY NAME NAME STREET ADDRESS STREET ADDRESS 863 SUMMERWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl. 33458 Change Addition Addition TITLE TITLE TSO Delete TEETERS, DIANNA L NAME NAME STREET ADDRESS **801 SUMMERWOOD DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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