

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90172 007 ****70.00

DOCUMENT # N30036

1. Entity Name

SUMMERWOOD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

801 SUMMERWOOD DR
 JUPITER FL 33458
 US

Mailing Address

836 SUMMERWOOD DR.
 JUPITER FL 33458
 US

2. Principal Place of Business

836 Summerwood Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

69-0130789

Applied For

Not Applicable

Zip

33458

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONARD, CYNTHIA H
 836 SUMMERWOOD DR
 JUPITER FL 33458

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 NAME LESLIE, JOHN
 STREET ADDRESS 812 SUMMERWOOD DR.
 CITY-ST-ZIP JUPITER FL 33458 ☒ Delete

TITLE VPD
 NAME CONSTANTAKOS, DANIEL
 STREET ADDRESS 849 SUMMERWOOD DR
 CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE TSD
 NAME CONARD, CYNTHIA
 STREET ADDRESS 836 SUMMERWOOD DR
 CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P.D.
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP D
 NAME Mitch Kaening
 STREET ADDRESS 876 Summerwood Drive
 CITY-ST-ZIP Jupiter, FL 33458 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cynthia H. Conard

2/5/02

561-627-0620

CP2E037 (9/01)