

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 25 1996 8:00 am
 Secretary of State

DOCUMENT # N93000001052 (0)
 1. Corporation Name
SUMMER BROOK OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1885 KNOX MCRAE DR. TITUSVILLE FL 32780

3. Date Incorporated or Qualified **02/24/1993** 3a. Date of Last Report **06/09/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **2541 Metrocentre Blvd** 26 **2541 Metrocentre Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite 1** 27 **Suite 1**
 City & State City & State
 23 **West Palm Beach, FL** 28 **West Palm Beach, FL**
 Zip Country Zip Country
 24 **33407** 25 **Palm Beach** 29 **33407** 30 **Palm Beach**

4. FEI Number **59-3260182** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARCLAY, DAVID
2541 METROCENTRE BLVD
STE 1
WEST PALM EBACH FL 33407

10. Name and Address of New Registered Agent
 81 Name **Paul Valyo**
 82 Street Address (P.O. Box Number is Not Acceptable) **22151 Shorewood Drive**
 83
 84 City **Boca Raton** FL 85 Zip Code **33428**

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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul Valyo* DATE **July 8, 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	BARCLAY, DAVID	
STREET ADDRESS	2541 METROCENTRE BLVD STE 1	
CITY-ST-ZIP	WEST PALM EBACH FL	
TITLE	DV	<input type="checkbox"/>
NAME	RYAN, CHRISTOPHER	
STREET ADDRESS	1885 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DT	<input type="checkbox"/>
NAME	HAMMOND, LENA	
STREET ADDRESS	2541 METROCENTRE BLVD ST 1	
CITY-ST-ZIP	WEST PALM EBACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Bass, Trent		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Belmont, Michael		
2.3 STREET ADDRESS	2541 Metrocentre Blvd, Ste 1		
2.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
3.1 TITLE	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Hammond, Leona		
3.3 STREET ADDRESS	2541 Metrocentre Blvd. St 1		
3.4 CITY-ST-ZIP	West Palm Beach, FL		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Leona Hammond* DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)