FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

. I TRANTIA TOTAL INTER NATURAL DELLA CONTROLLA CO

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N9300001052 (0)

SUMMER BROOK OF MELBOURNE HOMEOWNERS ASSOCIATION . INC.

							[[0][i][i][i][i][i][i][i][i][i][i][i][i][i]
Principal Place of Business Mailing Address						t toniller die teiser little dabit entit belit entit entit entit entit beief freit beief filien biet soll)	
2541 METROCENTRE BLVD SUITE 1 WEST PALM BEACH FL 33407			2541 METROCENTRE BLVD SUITE 1 WEST PALM BEACH FL 33407-3127				2. Data leave rested as Occident 122. Data of Last Depart
US			US				3. Date Incorporated or Qualified 02/24/1993 3a. Date of Last Report 07/25/1996
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number Applied For 59-3260182 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$0.75 A 484
22			27				5. Certificate of Status Desired Fee Regulred
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
<u> </u>			28				Trust Fund Contribution
Zip	Count	Zip Country			'	8. This corporation has liability for intangible tax under s. 199.032,	
24	25		29	30	1		Florida Statutes Yes No
	9. Name and Addre	ess of Current H	egistered Agent		81	Name	10. Name and Address of New Registered Agent
Juva	DALM				0'	Name	
Valyo, Paul 22151 Shorewend Drive					82	Street A	Address (P.O. Box Number is Not Acceptable)
	ATON FL 33428			83			
. DOUA N	N1011 FL 33420						
					84	City	FL 85 Zip Code
11. Pursuant f	to the provisions of Sec	tions 617.0502 a	nd 617.1508, Florid	a Statutes, the a	bove	e-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or bot	h, in the State of a	Florida, Such chang ns of Section 617 (ge was authorize 1503 Elorida Sta	d by	the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Trialina Wall, allo do	oopt the congain	10 01, 0001011 011		·		
	Signature, typed or printed nan	ne of registered agent ar	od tille il applicable.	(NOTE: Register	ed Age	nt signature	e required when reinstating) DATE
12.		OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DEI	1		1	Change
NAME	BASS, TRENT	TOC DUM OTO	•		IAME	- 1	
STREET ADDRESS	2541 METROCEN WEST PALM EBA		1			ADDRESS	
CITY-ST-ZIP TITLE	DV TALM EDA	ON FL	☐ DE		HTTLE	ST-ZIP	Change Addition
NAME	BELMONT, MICHA	ΔF1	L 01.	_	IAME	İ	Change Las Adonion
STREET ADDRESS	2541 METROCEN		1			ADDRESS	
CITY-ST-ZIP	WEST PALM BEA		•			ST-ZIP	
TITLE	DT		☐ DEI				Change Addition
NAME	HAMMOND, LEOI			3.2 (IAME	j	
STREET ADDRESS	2541 METROCEN	itre blvd ste	1	3.3 8	TREET	ADDRESS	
CITY-ST-ZIP	WEST PALM EBA	CH FL			CITY - S	ST-ZIP	
TITLE	_ "		DEI	.ETE 4.11	ITLE		Change Addition
NAME				4 2	NAME	ľ	
STREET ADDRESS				4.3 5	TREET	ADDRESS	
CITY-ST-ZIP					HTY-S	1 - ZIP	
TITLE			[] DEt				Change Addition
NAME .				1	IAME	ADDATED	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			☐ DEI		HTY-S TILE	11-217	Change Addition
NAME			٠		IAME	-	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					ITY-S	i	
14. Ldo beret	by certify that the inform	nation supplied w	ith this filing does r	ot qualify for the	exe	mption st	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is frue 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 for on-an attachment with an address.							