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Sep 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address
2541 METROCENTRE BLVD SUITE 1 WEST PALM BEACH FL 33407 US
2541 METROCENTRE BLVD SUITE 1 WEST PALM BEACH FL 33407 US


3. Date Incorporated or Qualified
02/24/1993
4. FEI Number
59-3260182
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. ~~2541 Metrocentre Blvd~~ 1416 CONCORD E 26. P.O. Box 571010
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. 27.
23. ORLANDO, FLA 28. ORLANDO, FLA
City & State City & State
29. 32803 30. USA
Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
VALYO, PAUL
22151 SHOREWEND DRIVE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name JACK B. HANSON
82 Street Address (P.O. Box Number is Not Acceptable) 1416 CONCORD ST. E
83
84 City ORLANDO FL 85 Zip Code 32803

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  JACK B. HANSON 9/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASS, TRENT	
STREET ADDRESS	2541 METROCENTRE BLVD STE 1	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BELMONT, MICHAEL	
STREET ADDRESS	2541 METROCENTRE BLVD STE 1	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, LEONA	
STREET ADDRESS	2541 METROCENTRE BLVD STE 1	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JACK B. HANSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1416 CONCORD ST. EAST	
1.3 STREET ADDRESS	ORLANDO, FLA 32803	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TED CROWLER	
2.3 STREET ADDRESS	151 SOUTH HALL LANE #220	
2.4 CITY-ST-ZIP	ORLANDO, FLA 32751	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAN KAISER	
3.3 STREET ADDRESS	151 SOUTH HALL LANE #230	
3.4 CITY-ST-ZIP	ORLANDO, FLA 32751	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 on an attachment with an address.

SIGNATURE:  DAN KAISER 407-839-0086 9/21/98

CR2E037 (10/97)