

FILED
May 22, 2000 8:00 am
Secretary of State

04-14-2000 90101 003 ****61.25

DOCUMENT # N93000001052

1. Entity Name

SUMMER BROOK OF MELBOURNE HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

P.O. BOX 410914
 MELBOURNE FL 32941
 US

P.O. BOX 410914
 MELBOURNE FL 32941-0914
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3260182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSON, JACK B
 1416 CONCORD ST E
 ORLANDO FL 32803

Name
John MacDonald

Street Address (P.O. Box Number is Not Acceptable)

2608 Aston Circle

City
Melbourne

FL Zip Code
32940

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]
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSON, JACK B	
STREET ADDRESS	1416 CONCORD ST EAST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROCKER, TED	
STREET ADDRESS	385 DOUGLAS AVE., STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAISER, DAN	
STREET ADDRESS	385 DOUGLAS AVE., SUITE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Eakins		
STREET ADDRESS	2245 Summerbrook St, Melbourne, FL 32940		
CITY-ST-ZIP			
TITLE	President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John MacDonald		
STREET ADDRESS	2608 Aston Circle, Melbourne, FL 32940		
CITY-ST-ZIP			
TITLE	Vice President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Honey Walls		
STREET ADDRESS	2240 Summerbrook St., Melbourne, FL 32940		
CITY-ST-ZIP			
TITLE	Treasurer	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lavinia McKee		
STREET ADDRESS	4847 Verona Circle, Melbourne, FL 32940		
CITY-ST-ZIP			
TITLE	Communications		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marti Collipi		
STREET ADDRESS	4850 Verona Circle, Melbourne, FL 32940		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)