

DOCUMENT # N93000001052

1/12/01-90

FILED  
May 24, 2001 8:00 am  
Secretary of State

01-12-2001 90017 023 \*\*\*\*70.00

1. Entity Name  
SUMMER BROOK OF MELBOURNE HOMEOWNERS ASSOCIATION

Principal Place of Business  
P.O. BOX 410914  
MELBOURNE FL 32941  
US

Mailing Address  
P.O. BOX 410914  
MELBOURNE FL 32941  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
MACDONALD, JOHN  
2608 ASTON CIRCLE  
MELBOURNE FL 32940

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MacDonald, John T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2608 Aston Circle Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Winferd, Chasten <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2175 Summer Brook St Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kennedy, Jonathan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2250 Summer Brook St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Manning, Robert <input type="checkbox"/> Change <input type="checkbox"/> Addition 2470 Summer Brook St Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Farley, Lorna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2345 Summer Brook St Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John MacDonald* JOHN MACDONALD P 01/05/01 321-752-4058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*John MacDonald* 05/24/01 321-752-4058

CR2E037 (10/00)