

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90136 018 ****70.00

DOCUMENT # N93000001052

1. Entity Name

SUMMER BROOK OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 410914
 MELBOURNE FL 32941
 US

P.O. BOX 410914
 MELBOURNE FL 32941
 US

2. Principal Place of Business

3. Mailing Address

Summer Brook Street
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne FL

Zip
 32940

Country
 US

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

7. Name and Address of New Registered Agent

MACDONALD, JOHN
 2608 ASTON CIRCLE
 MELBOURNE FL 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MACDONALD, JOHN T	2608 ASTON CIRCLE	MELBOURNE FL 32940	<input type="checkbox"/>
VD	WINFERD, CHASTES	2175 SUMMER BROOK ST	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
TD	KENNEDY, JONATHAN	2250 SUMMER BROOK ST	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
SD	MANNING, ROBERT	2470 SUMMER BROOK ST	MELBOURNE FL 32940	<input type="checkbox"/>
DD	FARLEY, LORNA	2345 SUMMER BROOK ST	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	JOE EARINE	Summer Brook ST	Melbourne FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ELIZABETH YOUNG	2609 ASTON CIRCLE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DD	PAUL RUBEN	SPRING WATER CIRCLE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* 7-11-02 321-832-0050

CR2E037 (4/02)