

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001052

1. Entity Name
SUMMER BROOK OF MELBOURNE HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
SUMMER BROOK ST
MELBOURNE, FL 32940 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 REIN-NP

CR2E099 (8/04)

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

MACDONALD, JOHN
2608 ASTON CIRCLE
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name ROBERT C. MANNING

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

2470 Summer Brook St

City Melbourne

FL

Zip Code 32940

8. The above named entity submits this statement for the purpose of changing its registered officer 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

FILE NOW!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MACDONALD, JOHN T
STREET ADDRESS 2608 ASTON CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VD ☐ Delete
NAME MANNING, ROBERT
STREET ADDRESS 2470 SUMMER BROOK ST
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE TD ☒ Delete
NAME YOUNG, ELIZABETH
STREET ADDRESS 2609 ASTON CIR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SD ☒ Delete
NAME DI PLATZI, GAIL
STREET ADDRESS 4846 VERONA CIR
CITY-ST-ZIP MADISON, FL 32340

TITLE DD ☒ Delete
NAME RUBEN, PAUL
STREET ADDRESS 2345 SUMMER BROOK ST
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Brown, Carroll
STREET ADDRESS 2360 Summer Brook Street
CITY-ST-ZIP Melbourne, FL 32940

TITLE VD ☒ Change ☐ Addition
NAME Manning, Robert
STREET ADDRESS 2470 Summer Brook Street
CITY-ST-ZIP Melbourne, FL 32940

TITLE TD ☐ Change ☒ Addition
NAME Horton, Marty
STREET ADDRESS 2615 Summer Brook Street
CITY-ST-ZIP Melbourne, FL 32940

TITLE SD ☐ Change ☒ Addition
NAME Greenwood, Michele
STREET ADDRESS 2560 Summer Brook Street
CITY-ST-ZIP Melbourne, FL 32940

TITLE DD ☐ Change ☒ Addition
NAME Winn, KAREY
STREET ADDRESS 2370 Summer Brook Street
CITY-ST-ZIP Melbourne, FL 32940

TITLE ☐ Change ☐ 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:

Robert Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 321-456-6493
Date Daytime Phone #

700046084627
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