

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17520

FILED  
Apr 09, 2006  
Secretary of State

**Entity Name:** THE SUMMIT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3670-3694 MUIRFIELD DR  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

3749 OAKHILL DR  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 59-2792616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEMINGWAY, TOM  
3670 MUIRFIELD DR  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

HERMAN,, NORM  
3749 OAKHILL DR.  
TITUSVILLE, FL 32780 US

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: NORMAN A. HERMAN

04/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HERMAN, NORMAN A  
Address: 3749 OAKHILL DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete  
Name: KAVAGE, PATRICIA  
Address: 3674 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete  
Name: HEMINGWAY, THOMAS  
Address: 3670 MUIRFIELD DR.  
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD (X) Delete  
Name: HARRIS, RICHARD  
Address: 3690 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HARRIS, RICHARD  
Address: 3690 MUIRFIELD DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: JONES, KIM  
Address: 3692 MUIRFIELD DR.  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN A. HERMAN

RA

04/09/2006

Electronic Signature of Signing Officer or Director

Date