

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734015 (1)
1. Corporation Name
SUMMERTIME HOME OWNERS ASSOCIATION, INC.

Principal Place of Business 9436 SW 53RD STREET COOPER CITY FL 33328 US	Mailing Address 9436 SW 53 ST. COOPER CITY FL 33328-4127 US
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3. Date Incorporated or Qualified 10/07/1975	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTGOMERY, PHYLLIS
9436 S.W. 53 STREET
COOPER CITY FL 33328**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOSEPH	1.2 NAME	
STREET ADDRESS	9427 SW 53 STREET	1.3 STREET ADDRESS	9424 SW 53 Street
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMAGE, RENE	2.2 NAME	Jane Curran
STREET ADDRESS	5125 SW 95 AVENUE	2.3 STREET ADDRESS	9489 SW 51 Street
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	Cooper City, FL 33328
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, GEORGE	3.2 NAME	
STREET ADDRESS	9489 SW 51 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKILL, NANCY	4.2 NAME	
STREET ADDRESS	9452 SW 51 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, PHYLLIS	5.2 NAME	
STREET ADDRESS	9436 SW 53 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICKIGER, ALMA	6.2 NAME	
STREET ADDRESS	5030 S.W. 94 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6037436

CR2E037 (9/96)

SUMMERTIME HOMEOWNERS ASSOCIATION, INC. DIRECTORS (Cont'd)

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SMALLS, JEAN
5272 SW 94 Avenue
Cooper City, FL 33328

D

WADATZ, EVELYN
5026 SW 94 Avenue
Cooper City, FL 33328

D

FUENTES, JANICE
9445 SW 52 Place
Cooper City, FL 33328