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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 734015

1. Corporation Name

SUMMERTIME HOME OWNERS ASSOCIATION, INC.

183410 - 90114 - 47

Principal Place of Business

9436 SW 53RD STREET
 COOPER CITY FL 33328
 US

Mailing Address

9436 SW 53 ST.
 COOPER CITY FL 33328
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, JANE	1.2 NAME	CURRAN, GEORGE
STREET ADDRESS	9489 SW 51ST STREET	1.3 STREET ADDRESS	9489 SW 51ST STREET
CITY-ST-ZIP	COOPER CITY FL 33328	1.4 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, PHYLLIS	2.2 NAME	
STREET ADDRESS	9436 SW 53RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, GEORGE	3.2 NAME	EXARHOS, KIM
STREET ADDRESS	9489 SW 51 STREET	3.3 STREET ADDRESS	5157 SW 95TH AVENUE
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKILL, NANCY	4.2 NAME	EXARHOS, MIKE
STREET ADDRESS	9452 SW 51 COURT	4.3 STREET ADDRESS	5157 SW 94TH AVENUE
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, JANICE	5.2 NAME	
STREET ADDRESS	9445 SW 52ND PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	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 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, with all other like empowered.

SIGNATURE: George Curran REGEORGE CURRAN 2-15-99 (954) 434-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

183410-90114-41
734015

SUMMERTIME HOMEOWNERS ASSOCIATION, INC. DIRECTORS (CON'D)

D

CURRAN, JANE
9489 SW 51ST STREET
COOPER CITY FL 33328

D

DAVIDSON, AUDREY
5040 SW 95TH AVENUE
COOPER CITY FL 33328

D

GASKILL, NANCY
9452 SW 51ST COURT
COOPER CITY FL 33328

D

ROTHERMEL, WALTER
9457 SW 52ND STREET
COOPER CITY FL 33328

D

SMALLS, JEAN
5272 SW 94TH AVENUE
COOPER CITY FL 33328

Geo Curran GEORGE CURRAN 2-15-99 (954) 434-1540