

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90035 008 \*\*\*\*61.25

<b>DOCUMENT # 743897</b>					
<b>1. Entity Name</b> SUMMERTIME TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US			<b>Mailing Address</b> SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0153600	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOUTHEAST CONDOMINIUM MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> BLANTON, APRIL <input type="checkbox"/> Delete		<b>TITLE</b> Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 	
<b>STREET ADDRESS</b> 3975 NW 9TH AVE	<b>CITY-ST-ZIP</b> POMPANO BCH, FL 33064		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> SALZANO, LYNNE <input checked="" type="checkbox"/> Delete		<b>TITLE</b> P	<b>NAME</b> Pimental, German <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3975 NW 9TH AVE.	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL		<b>STREET ADDRESS</b> 3969 NW 9th Ave.	<b>CITY-ST-ZIP</b> Pompano Beach, FL 33064	
<b>TITLE</b> D	<b>NAME</b> TILLMAN, LANA <input checked="" type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> Jimenez, Genoveva <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3969 NW 9 AVE.	<b>CITY-ST-ZIP</b> POMPANO BCH., FL		<b>STREET ADDRESS</b> 3967 NW 9 Ave.	<b>CITY-ST-ZIP</b> Pompano Beach, FL 33064	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> V-P	<b>NAME</b> Yanez, Danilo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 3963 NW 9 Ave.	<b>CITY-ST-ZIP</b> Pompano Beach, FL 33064	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> S-F	<b>NAME</b> Schaff, Helena <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 3961 NW 9 Ave.	<b>CITY-ST-ZIP</b> Pompano Beach, FL 33064	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-14-06 Daytime Phone #: 954-468-0626		