SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **745186** **(7)**

1. Corporation Name

THE SUMMIT HOUSE CONDOMINIUM OF MARCO ISLAND, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
280 SO COLLIER BLVD MARCO ISLAND FL 33937 US	280 SO COLLIER BLVD MARCO ISLAND FL 33937 US

3. Date Incorporated or Qualified: 12/11/1978
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2374309 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KOHN GEORGE
280 S COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: Waine, Gilbert
82 Street Address (P.O. Box Number is Not Acceptable): ~~280 South Collier Boulevard~~
83 UNIT #903,
84 City: Marco Island **FL** 85 Zip Code: 33937

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: Gilbert T Waine 4/10/95
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	PD	1.1 TITLE	President Director	XX Change ☐ Addition
NAME	KOHN, GEORGE	1.2 NAME	Waine, Gilbert	
STREET ADDRESS	47 ROBIN GLEN RD	1.3 STREET ADDRESS	22 Bishop's Rise	
CITY-ST-ZIP	WATCHUNG NJ	1.4 CITY-ST-ZIP	Nantucket, MA	
TITLE	VD	2.1 TITLE	same	☐ Change ☐ Addition
NAME	ROONEY, WILLIAM T	2.2 NAME		
STREET ADDRESS	280 SO COLLIER BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	DD	3.1 TITLE	Treasurer Director	XX Change ☐ Addition
NAME	SIMONIAN, SIMON	3.2 NAME	Crow, Thomas	
STREET ADDRESS	3809 LAKECREST	3.3 STREET ADDRESS	3 Irvins Place	
CITY-ST-ZIP	BLOOMFIELD MI	3.4 CITY-ST-ZIP	Rumson, NJ 07760	
TITLE	SD	4.1 TITLE	Secretary Director	XX Change ☐ Addition
NAME	CROW, THOMAS S	4.2 NAME	Emerick, Joan	
STREET ADDRESS	280 S COLLIER BLVD.	4.3 STREET ADDRESS	32236 Fruehauf Street	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	~~Fraser, MI 48026~~	
TITLE	D	5.1 TITLE	Director	XXX Change ☐ Addition
NAME	WAINE, GILBERT	5.2 NAME	Tanguy, Alex	
STREET ADDRESS	22 BISHOP'S RISE	5.3 STREET ADDRESS	45 Meetinghouse Lane	
CITY-ST-ZIP	NATUCKET MA	5.4 CITY-ST-ZIP	~~E. Weymouth, MA 02189~~	
TITLE	DD	6.1 TITLE	Director	XX Change ☐ Addition
NAME	LINDGREN, LAWRENCE	6.2 NAME	Powell, Arthur	
STREET ADDRESS	280 S COLLIER BLVD 1506	6.3 STREET ADDRESS	3900 Hillock Drive, Birmingham, AL35213	
CITY-ST-ZIP	MARCO ISLAND FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gilbert T Waine 4/10/95 941/394-9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014020