

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 024 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 745186					
1. Entity Name THE SUMMIT HOUSE CONDOMINIUM OF MARCO ISLAND, INC.					
Principal Place of Business 280 SO COLLIER BLVD MARCO ISLAND, FL 34145 US			Mailing Address 280 SO COLLIER BLVD MARCO ISLAND, FL 34145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FFI Number 59-2374309	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROONEY, WILLIAM T 280 SOUTH COLLIER BLVD UNIT 1104 MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name <u>MARY ALICE GARRISON</u> Street Address (P.O. Box Number is Not Acceptable) <u>280 S. COLLIER BLVD</u> <u>UNIT 2006</u> City <u>MARCO ISLAND</u> FL Zip Code <u>34145</u>	
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.					
SIGNATURE <u>MARY ALICE GARRISON</u> <i>Mary Alice Garrison</i> <u>4-29-04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGIZIO, PHILIP 280 S COLLIER BLVD #1906 MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR ☒ Change ☐ Addition EGIZIO, PHILIP 280 S. COLLIER BLVD #1906 MARCO ISLAND FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROONEY, WILLIAM T 280 SO COLLIER BLVD MARCO ISLAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition DENNIS J. SULLIVAN 280 S. COLLIER BLVD #905 MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRISON, MARY ALICE 280 SO COLLIER BLVD MARCO ISLAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR ☒ Change ☐ Addition MARY ALICE GARRISON 280 S. COLLIER BLVD #2006 MARCO ISLAND FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, DENNIS 280 SO COLLIER BLVD MARCO ISLAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☒ Addition JOANN HENNEY 280 S. COLLIER BLVD #803 MARCO ISLAND FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISEN, HARVEY 6432 BRESSLYN RD NASHVILLE, TN 37205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☒ Addition RICHARD SCHULTE 280 S. COLLIER BLVD #1004 MARCO ISLAND FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.					
SIGNATURE: <u>MARY ALICE GARRISON</u> <i>Mary Alice Garrison</i> <u>4-29-04</u> <u>239-394-6056</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #					