

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 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 # **758514** (4)
1. Corporation Name
SUMMIT CHASE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12430 SUMMIT CHASE DR. TAVARES FL 32778	Mailing Address 12430 SUMMIT CHASE DR. TAVARES FL 32778-4477
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3. Date Incorporated or Qualified 05/26/1981	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2996389 Applied For <input type="checkbox"/> 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 STREETS, JACK 12503 ORANGEWOOD CIRCLE TAVARES FL 32778	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, LYNN	1.2 NAME	
STREET ADDRESS	12443 ORANGEWOOD CIR	1.3 STREET ADDRESS	RICHARD HEATH
CITY-STATE-ZIP	TAVARES FL	1.4 CITY-STATE-ZIP	12521 Orangewood Court Tavares, Florida 32778
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MANFREDONIA, FRANK	2.2 NAME	
STREET ADDRESS	30125 ROBIN LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAVARES FL	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PHILLIPS, VIRGINIA	3.2 NAME	
STREET ADDRESS	12418 ORANGEWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAVARES FL	3.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROKAW, JOHN	4.2 NAME	MARGRIT EVANS
STREET ADDRESS	12531 ORANGEWOOD COURT	4.3 STREET ADDRESS	30121 ROBIN LANE
CITY-STATE-ZIP	TAVARES FL	4.4 CITY-STATE-ZIP	TAVARES, FLORIDA 32778
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	ASSNT. TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETS, SALLY	5.2 NAME	
STREET ADDRESS	12503 ORANGEWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TAVARES FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HYKES, DON	6.2 NAME	
STREET ADDRESS	30113 ROBIN LANE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TAVARES FL	6.4 CITY-STATE-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: Virginia Phillips Date: 3-11-97 Daytime Phone: 0014854