

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L13405** (0)

1. Corporation Name:

SUMMER COVE APARTMENTS, INC.



Principal Place of Business

**1845 LEE ST
HOLLYWOOD FL 33020**

Mailing Address

**1845 LEE ST
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

09/05/1989

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNARD, PHILIPPE
1845 LEE ST
HOLLYWOOD FL 33020**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if the Agent is not the Corporation)

Signature of Registered Agent (Required if the Agent is not the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **DP BERNARD, PHILIPPE**
STREET ADDRESS **1845 LEE ST**
CITY, ST, ZIP **HOLLYWOOD FL**

2. TITLE ☐ DELETE

NAME **DVS LEWIS, MARILYN**
STREET ADDRESS **1845 LEE ST**
CITY, ST, ZIP **HOLLYWOOD FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 registered or trusted employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 **954-922-0922**

CR2E034 (12/95)