

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06920 (5)**  
1. Corporation Name  
**SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, IN  
C.**

Principal Place of Business      Mailing Address  
**5505 HERNANDES DRIVE  
ORLANDO FL 32808  
US**      **266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY FL 32707  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/31/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>266 Wilshire Blvd.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite #110</b>	27
City & State	City & State
23 <b>Casselberry, FL</b>	28
Zip	County
24 <b>32707</b>	25
29	30

9. Name and Address of Current Registered Agent  
**FOWLER, KIMBERLY  
266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ NOTE: Registered Agent signature required when reappointing \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>ANDERSON, FOREST</b>
STREET ADDRESS	<b>1579 WARRINGTON ST.</b>
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MORRIE, BUTLER</b>
STREET ADDRESS	<b>2809 REVERE COURT</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>PD</b>
NAME	<b>BUTLER, SHARON</b>
STREET ADDRESS	<b>2809 REVERE COURT</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>D</b>
NAME	<b>SPITZBERG, DEBBIE</b>
STREET ADDRESS	<b>2884 WAREHAM COURT</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>TD</b>
NAME	<b>DAVIS, ELEANOR</b>
STREET ADDRESS	<b>2820 REVERE CT.</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>SD</b>
NAME	<b>D'AMBROSIO, DEBRA</b>
STREET ADDRESS	<b>2986 EMBASSY CT.</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Spitzberg, Debbie</b>	
1.3 STREET ADDRESS	<b>2884 Wareham Ct.</b>	
1.4 CITY - ST - ZIP	<b>Casselberry, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hall, Michelle</b>	
4.3 STREET ADDRESS	<b>2900 Wareham Ct.</b>	
4.4 CITY - ST - ZIP	<b>Casselberry, FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Dascoli, Jay</b>	
6.3 STREET ADDRESS	<b>2813 Revere Ct.</b>	
6.4 CITY - ST - ZIP	<b>Casselberry, FL</b>	

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)(b), 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: Sharon L. Butler Spicon L. Butler 4-28-95 101-894-6522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)

N0692D

D  
Pollard, Steve  
2971 Embassy Ct.  
Casselberry, FL

Addition