

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N06920** (5)

1. Corporation Name

**SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, IN C.**



Principal Place of Business

Mailing Address

266 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY FL 32707  
US

266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY FL 32707  
US

3. Date Incorporated or Qualified  
**12/31/1984**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2180 PARK AVENUE NORTH**

26 **2180 PARK AVENUE NORTH**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 **SUITE 326**

27 **SUITE 326**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **WINTER PARK**

28 **WINTER PARK**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **FL**

25 **32789**

29 **FL**

30 **32789**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOWLER, KIMBERLY**  
266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY FL 32707

81 Name **BRETT M. JORDAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2180 PARK AVENUE NORTH**  
83 **SUITE 326**  
84 City **WINTER PARK** FL 85 Zip Code **32789**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**BRETT M. JORDAN**

(NOTE: Registered Agent signature required when reinstating)

**4/30/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPITZBERG, DEBBIE	
STREET ADDRESS	2884 WAREHAM CT	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIE, BUTLER	
STREET ADDRESS	2809 REVERE COURT	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, SHARON	
STREET ADDRESS	2809 REVERE COURT	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, MICHELLE	
STREET ADDRESS	2900 WAREHAM CT	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ELEANOR	
STREET ADDRESS	2820 REVERE CT.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DASCOLI, JAY	
STREET ADDRESS	2813 REVERE CT	
CITY - ST - ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'AMBROSIO, DEBRA	
1.3 STREET ADDRESS	2986 EMBASSY CT	
1.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Di BERNARD, BARBARA	
2.3 STREET ADDRESS	910 COMMONWEALTH CT.	
2.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMYDGE, LISA	
3.3 STREET ADDRESS	930 CONGRESS CT.	
3.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FIALA, CALVIN	
4.3 STREET ADDRESS	2800 WAREHAM CT.	
4.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEES, LUCY	
5.3 STREET ADDRESS	2993 LOWELL COURT	
5.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	O'CONNOR, JAMES	
6.3 STREET ADDRESS	902 COMMONWEALTH CT	
6.4 CITY - ST - ZIP	CASSELBERRY, FL 32707	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGENT

**4/30/96**

DATE

**407 647 2622**

DAYTIME PHONE #

CR2E037 (12/95)