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May 02 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 # N06920 (5)

1. Corporation Name
SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business 2180 PARK AVENUE, N SUITE 326 WINTER PARK FL 32789 US	Mailing Address 2180 PARK AVENUE, N SUITE 326 WINTER PARK FL 32789-2396 US
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3. Date Incorporated or Qualified 12/31/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

**BRETT M. JORDAN
2180 PARK AVENUE, NO
SUITE 326
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'AMBROSIO, DEBRA	
STREET ADDRESS	2086 EMBASSY CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DI BERNARD, BARBARA	
STREET ADDRESS	910 COMMONWEALTH CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNYDER, LISA	
STREET ADDRESS	830 CONGRESS CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FIALA, CALVIN	
STREET ADDRESS	2860 WARGHAM CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEGS, LUCY	
STREET ADDRESS	2993 LOWELL COURT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNER, JAMES	
STREET ADDRESS	802 COMMONWEALTH CT	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debra Knorowski	
5.3 STREET ADDRESS	2975 Embassy Ct.	
5.4 CITY-ST-ZIP	Casselberry FL 32707	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David Visby	
6.3 STREET ADDRESS	2978 Embassy Ct.	
6.4 CITY-ST-ZIP	Casselberry FL 32707	

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 unchanged, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/15/97** DAYTIME PHONE: **407 647 4012**

CR2E037 (9/96)