


FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 INC.**

Principal Place of Business <b>2180 Park Avenue, North STE. 326 Winter Park, FL 32789</b>	Mailing Address <b>2180 Park Avenue, North STE. 326 Winter Park, FL 32789</b>
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3. Date Incorporated or Qualified <b>12/31/1984</b>	Applied For Not Applicable
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**Brett M. Jordan  
 2180 Park Avenue, North  
 Ste. 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  
 FL 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 Brett M. Jordan DATE 4/26/98  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>Di Bernard, Barbara</b>	<input type="checkbox"/> DELETE
NAME	<b>910 Commonwealth Ct.</b>	
STREET ADDRESS	<b>Casselberry, FL 32707</b>	
CITY-ST-ZIP		
TITLE <b>TD</b>	<b>Fiala, Calvin</b>	<input type="checkbox"/> DELETE
NAME	<b>2860 Wareham Ct.</b>	
STREET ADDRESS	<b>Casselberry, FL 32707</b>	
CITY-ST-ZIP		
TITLE <b>SD</b>	<b>Lisa Snyder</b>	<input type="checkbox"/> DELETE
NAME	<b>930 Congress Ct.</b>	
STREET ADDRESS	<b>Casselberry, FL 32707</b>	
CITY-ST-ZIP		
TITLE <b>D</b>	<b>Short, Lee</b>	<input type="checkbox"/> DELETE
NAME	<b>874 Commonwealth Ct.</b>	
STREET ADDRESS	<b>Casselberry, FL 32707</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800002543528</b>
6.3 STREET ADDRESS	<b>-06/02/98--01008--030</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Calvin Fiala DATE 4/26/98 DAYTIME PHONE # 647-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/97)