

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90122 006 ****61.25

DOCUMENT # N06920

1. Entity Name

SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

2180 PARK AVENUE, NORTH
 SUITE 326
 WINTER PARK FL 32789
 US

2180 PARK AVENUE, NORTH
 SUITE 326
 WINTER PARK FL 32789-2358
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 W. NEW ENGLAND AVE

444 W. NEW ENGLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

SUITE B

City & State

City & State

WINTER PARK

WINTER PARK, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32789

USA

32789

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

444 W. NEW ENGLAND AVE

SUITE B

City

WINTER PARK

FL

Zip Code

32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI BERNARD, BARBARA	
STREET ADDRESS	910 COMMONWEALTH COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIALA, CALVIN	
STREET ADDRESS	2860 WAREHAM COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SNYDER, LISA	
STREET ADDRESS	930 CONGRESS COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORT, LEE	
STREET ADDRESS	874 COMMONWEALTH COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, ROBERT	
STREET ADDRESS	2832 REVERE COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Di Bernard

Date

4/1/00

Daytime Phone #

407 647-2622

CR2E037 (9/99)