

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC -4 AM 2:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



11152006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # N06920</b> 1. Entity Name <b>SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.</b>																									
Principal Place of Business 882 JACKSON AVE. WINTER PARK, FL 32789 US		Mailing Address 882 JACKSON AVE. WINTER PARK, FL 32789 US																							
2. Principal Place of Business 1750 W. Broadway Suite, Apt. #, etc. 118 City & State Oviedo FL Zip 32765 Country USA		3. Mailing Address 1750 W. Broadway Suite, Apt. #, etc. 118 City & State Oviedo FL Zip 32765 Country USA																							
4. FEI Number 59-2543908		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent VANDER VLIET, AMANDA M 882 JACKSON AVE. WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name KEVIN DAVIS Street Address (P.O. Box Number is Not Acceptable) COMMONWEALTH MGMT. SPECIALISTS, INC 1750 W. Broadway St, #118 City Oviedo FL Zip Code 32765																							
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. I am familiar with, and accept the obligations of registered agent.																									
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		800081960758 11/20/06--01079--001 **\$1.25 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>																							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																							
<b>Make check payable to Florida Department of State</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Cathy Schofield 4073597202 <small>Date Daytime Phone #</small>																							

M. Williams DEC - 4 2006