
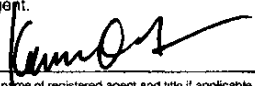
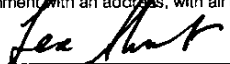


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 006 ****61.25

DOCUMENT # N06920					
1. Entity Name SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1750 W BROADWAY #118 OVIEDO, FL 32765 US		Mailing Address 1750 W BROADWAY #118 OVIEDO, FL 32765 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2543908	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, KEVIN 1750 W. BROADWAY ST, #118 OVIEDO, FL 32765			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 			DATE 3/20/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	DI BERNARD, BARBARA		NAME		
STREET ADDRESS	910 COMMONWEALTH COURT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	SHORT, LEE		NAME	D Felise, Bob	
STREET ADDRESS	874 COMMONWEALTH COURT		STREET ADDRESS	2828 Revere Court	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	FOWLER, MIKE		NAME		
STREET ADDRESS	2952 LOWELL COURT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	DIBERNARD, BARBARA		NAME		
STREET ADDRESS	910 COMMONWEALTH CT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	SCHOFIELD, CATHY		NAME		
STREET ADDRESS	2881 WAREHAM COURT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE: 3/20/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 4073597200		

40092040



02222007 Chg-NP CR2E037 (12/06)