

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2009  
Secretary of State**

DOCUMENT# N06920

Entity Name: SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 59-2543908      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINNACLE PROPERTY MANAGEMENT, LLC  
1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DI BERNARD, BARBARA  
Address: 910 COMMONWEALTH COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: PD ( ) Delete  
Name: SHORT, LEE  
Address: 874 COMMONWEALTH COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: FOWLER, MIKE  
Address: 2952 LOWELL COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete  
Name: DIBERNARD, BARBARA  
Address: 910 COMMONWEALTH CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: FELISE, BOB  
Address: 2828 REVERE COURT  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: RUCKMALL, LISA  
Address: 894 COMMONWEALTH CT  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: RUCKMAN, LISA  
Address: 894 COMMONWEALTH CT  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY SHORT

PD

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date