

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90207 033 ****61.25

DOCUMENT # N06920

1. Entity Name
SUMMERHILL TOWNHOMES HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business Mailing Address
444 W NEW ENGLAND AVE **444 W NEW ENGLAND AVE**
STE B **STE B**
WINTER PARK FL 32789 **WINTER PARK FL 32789**
US **US**

2. Principal Place of Business 3. Mailing Address
882 JACKSON AVE **882 JACKSON AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Park FL **Winter Park FL**

Zip Country Zip Country
32789 **US** **32789** **US**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRETT M. JORDAN
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
882 JACKSON AVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRETT M. JORDAN** *[Signature]* **1/13/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI BERNARD, BARBARA	
STREET ADDRESS	910 COMMONWEALTH COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNIPERSAUD, JULIE	
STREET ADDRESS	2825 REVERE CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BIRKS, DONNA	
STREET ADDRESS	2837 REVERE CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	BV	<input type="checkbox"/> Delete
NAME	SHORT, LEE	
STREET ADDRESS	874 COMMONWEALTH COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEARY, TARA	
STREET ADDRESS	2452 LOWELL CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, MORRIE	
STREET ADDRESS	2809 REVERE CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASCARELLI, LUIGI	
STREET ADDRESS	2808 Revere Ct.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, GAIL	
STREET ADDRESS	854 Commonwealth Ct.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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]* **BARBARA DiBernard 4-4-03** 407-834 7776 x 120

CR2E037 (10/02)