FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:09

DOCUMENT # N08209 (1)

1. Corporation Name
SUMMERBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 607291 ORLANDO FL 32860 US	PO BOX 607291 ORLANDO FL 32860 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2807322 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAGE, TOM M
7392 RADIANT CIRCLE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Ramona Janzegers President/Director
82 Street Address (P.O. Box Number is Not Acceptable): 7340 Radiant Circle
83
84 City: Orlando FL 85 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ramona K Janzegers Ramona Janzegers 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☐ Change ☐ Addition
NAME	PAGE, TOM I	12 NAME	Ramona Janzegers	
STREET ADDRESS	7392 RADIANT CIRCLE	13 STREET ADDRESS	7340 Radiant Circle	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	VPD	21 TITLE	Vice President/Director	☐ Change ☐ Addition
NAME	MUNOZ, FELIX	22 NAME	Stacey Peterson	
STREET ADDRESS	7341 RADIANT CIRCLE	23 STREET ADDRESS	7431 Radiant Circle	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	TD	31 TITLE	Treasurer/Director	☐ Change ☐ Addition
NAME	LOVEJOY, CYNTHIA	32 NAME	Dale Peterson	
STREET ADDRESS	7345 RADIANT CIRCLE	33 STREET ADDRESS	7431 Radiant Circle	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GREENWALD, SCOTT	42 NAME		
STREET ADDRESS	7372 RADIANT CT	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, KATHLEEN	52 NAME		
STREET ADDRESS	7345 RADIANT CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale E Peterson 4-27-95 407-841 9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dale Peterson

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