

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

03/18/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANZEGERS, RAMONA
7340 RADIANT CIRCLE
ORLANDO FL 32810

81 Name

Carolee Conner

82 Street Address (P.O. Box Number is Not Acceptable)

7425 Windsome Court

83

84 City

Orlando

FL

85 Zip Code

32810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Carolee Conner, Inc.

(NOTE: Registered Agent signature required when reinstating)

Carolee Conner, Inc. 5/20/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

JANZEGERS, RAMONA

STREET ADDRESS

7340 RADIANT CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

VPO

☒ DELETE

NAME

PETERSON, STACEY

STREET ADDRESS

7431 RADIANT CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

TD

☒ DELETE

NAME

PETERSON, DALE

STREET ADDRESS

7431 RADIANT CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

D

☒ DELETE

NAME

GREENWALD, SCOTT

STREET ADDRESS

7372 RADIANT CT

CITY - ST - ZIP

ORLANDO FL

TITLE

SD

☒ DELETE

NAME

MILLER, KATHLEEN

STREET ADDRESS

7345 RADIANT CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☒ Addition

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☐ Change ☐ Addition

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)(k), 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: Carolee Conner, Inc. Carolee Conner, Inc. April 22, 1996 407-298-7130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)