


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 PO BOX 607281 ORLANDO FL 32860 US			Mailing Address PO BOX 607281 ORLANDO FL 32860 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 03/18/1985 4. FEI Number 59-2807322 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent CONNER, CAROLEE 7425 WINDSOME COURT ORLANDO FL 32810			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code					

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

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	NAME	ARMSTRONG, DORIS	1.1 TITLE		1.2 NAME	
STREET ADDRESS	7425 RADIANT CIRCLE			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL			2.1 TITLE		2.2 NAME	
TITLE	SD	NAME	MEGLAR, JENNIFER	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	7465 RADIANT CIRCLE			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	ORLANDO FL 32810			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	TD	NAME	CONNER, CAROLEE	4.1 TITLE		4.2 NAME	
STREET ADDRESS	7425 WINDSOME COURT			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32810			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)