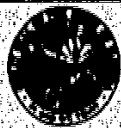


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N20704 (5)
1. Corporation Name
SUMMER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2771 SUMMERDALE DR. NORTH
CLEARWATER FL 34621

Mailing Address

2771 SUMMERDALE DR. NORTH
CLEARWATER FL 34621

APPROVED
AND
FILED

95 MAY -1 PM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1987	3a. Date of Last Report 02/01/1994
4. FBI Number NOT APPLICABLE	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MANKIN, LEONARD J.
1130 CLEVELAND STREET-SUITE 240
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENHUT, LEONARD	1.2 NAME	
STREET ADDRESS	2771 SUMMERDALE DR., #7	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PANTELOUKAS, JOHN	2.2 NAME	
STREET ADDRESS	2771 SUMMERDALE DR., N. #12	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETLEV, RICKY	3.2 NAME	
STREET ADDRESS	1123 NORTHBRIDGE DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	STEPHINS, VICKY	4.2 NAME	TD Stephens, Vicky (correct spelling)
STREET ADDRESS	2771 N SUMMERDALE DRIVE #9	4.3 STREET ADDRESS	← same address
CITY- ST- ZIP	CLEARWATER FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINGS, JANE	5.2 NAME	
STREET ADDRESS	2771 SUMMERDALE DR., NORTH #13	5.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, ALLEN	6.2 NAME	
STREET ADDRESS	2871 N SUMMERDALE DR.	6.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	6.4 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vicky Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vicky Stephens

4/22/95 813462-7036
Date Daytime Phone #