SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

SUMMER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2771 SUMMERDALE DR. NORTH CLEARWATER FL 33761

Mailing Address

2771 SUMMERDALE DR. NORTH CLEARWATER FL 33761

## **FILED** Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90018 032 \*\*\*\*61.25





Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed						
	26					05/19/1987			<b>.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Applied For	
.]	27					NOT APPLICABLE			Not Applicable	
City & State		City & State		5. Certifcate of Status Desired		\$8.75 Additional				
เ	28					3. Certificate of Status Besides		F	ee Required	
Zip Country		Zip Count				6. Election Campaign Financing		\$5.00 May Be		
25	29	30			Trust Fund Contribution			Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					
MANKIN, LEONARD J. 9. 1130 CLEVELAND STREET-SUITE 240			82	Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 34615	40									
1927) 1927)				84	City		FL	85	Zip Code	
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the const. I am familiar with and accept the	State of Flori	da. Such change '	was authorized	by t	-named corpo the corporation	ration submits this statement for the poly's board of directors. I hereby accept	ourpose of o	changii tment	ng its registered as registered	

SIGNATURE					DATE					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature n			D DIDECTOR	2C IN 12			
2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12							
TLE	VP	DELETE	1.1 TITLE	president .	—(B)	Change	☐ Addition			
AME	Greenhut, Leonard '	•	1.2 NAME	GREENHUT, LEC	nard	, ,				
TREET ADDRESS	2771 SUUMERDALE DR., #7		1.3 STREET ADDRESS			,				
ITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP							
III.E	PD	DELETE	2.1 TITLE	vice Presin		Change	Addition			
AME	PANTELOUKAS, JOHN '		2.2 NAME	DAN RUEGS	eles,	OP	اده			
TREET ADDRESS	2771 SUMMERDALE DR., N. #12		2.3 STREET ADDRESS	2771 SUNT	neidan	e_ +11K	.,0.			
ITY-ST-ZIP	CLEARWATER FL	1	2.4 CITY-ST-ZIP	Charuster						
ITLE	D	DELETE	3.1 TITLE	SECRETARY/T	REAS	Change	Addition			
AME	PETLEV, RICKY		3.2 NAME	Naoma Brit	ten V	R. N. :	1+1>			
TREET ADDRESS	1123 NORTHRIDGE DRIVE		3.3 STREET ADDRESS	2771 Summer			- (S			
CITY-ST-ZIP	PALM HARBOR FL	_	3.4. CITY-ST-ZIP	CLEAR WITER	<u> FC 337</u>					
ITLE	S	DELETE	4.1 TITLE	DIRECTOR Q	$\supset$	☐ Change	☐ Addition			
AME	STEPHENS, VICKY	, ,	4, 2 NAME	Ron Heisler	Calala C	10 11	世q			
TREET ADDRESS	2771 N SUMMERDALE DRIVE #9		4.3 STREET ADDRESS	2771 Summe	orcure i	30 10.	, ,			
TY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Clearwate	CIFU 3	<u> 3761</u>				
LTE	TD	DELETE	5.1 TITLE		2)	☐ Change	☐ Addition			
AME	LARSEN, PRISCILLA	Ţ	5.2 NAME	Vicki Bern	see	٥ (	NR. 101			
TREET ADDRESS	2771 SUMMERDALE DR. #3		5.3 STREET ADDRESS		merda	سا سمال	#1			
ITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clear ware	<del></del>					
TILE	D )	DELETE	6.1 TITLE	2.000.0.	<b>(</b>	☐ Change	Addition			
IAME	MYER; BRIAN	-	6.2 NAME	Allen hus	507	U.V. 1	(1)			
TREET ADDRESS	/2771 SUMMERDALE DR. #14		6.3 STREET ADDRESS	2771 Summ	erdele	THC.	ا مار			
ITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Cleanware	R. FC		#1			

14. 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 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, with all others appeared.

**SIGNATURE:**