FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

N32139

(0)

SUMMER CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address	Mailing Address			i inderent, man ereid stadt stade strat idet didts diett friftt bildt bildt bildt fill i 1861			
8335 LAKE CYPRESS RD. LAKE WORTH FL 33467		8335 LAKE CYPRESS RD. LAKE WORTH FL 33467							
					3. Date Incorporated or Qualifie 05/05/1989		e of Last F 3/31/19		
2. Principal P	flace of Business	2a. Mailing Address	2a. Mailing Address				Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0140824 5. Certificate of Status Desired		\$8.75	Additional	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	' _□	Fee Required \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Coun	try	Florida Statutes	This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Hegistered Agent		31 Name	10. Name and Address of New	Pegistered A	gent		
ST. JOH	IN, KING & DICKER				Address (P.O. Box Number is Not Accept	tchlo)			
500 AUSTRALIAN AVE., SOUTH				Jan Street	: Address (F.O. DOX Maimber is Not Accep	(able)			
				33					
WEST PALM BEACH FL 33401				34 City			les I Za		
				1,		FL	'	Code	
	ith, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	а бу тле сс	rporation's	corporation submits this statement for the s board of directors. I hereby accept the a	ourpose of chan opointment as re	ging its re egistered a	gistered office agent. I am	
12.	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE ID DIRECTORS		gent signature i	required when reinstating)	DATE	* *		
TITLE	PD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO C				
NAME	D'ADDARIO, MERLE	DECETE	1.1 TITL		P	🗆	Change	Addition	
STREET ADDRESS	1690 S CONGRESS AVE		1.2 NAV		Bloom, (16 1/6 J			
CITY-ST-ZIP	DELRAY BEACH FL			ET ADDRESS	3981 5 MMER	137578 C	000	Ť	
TITLE	VD VD	DELETE	2.1 TITL	- ST-ZIP	LARE WORTE	1 F L	Character	G time	
NAME	LEVY, JO ANN	A	2 2 NAM		100 Sigull		Change	Addition	
STREET ADORESS	1690 S CONGRESS AVE			ET ADDRESS	Leo Sirull	1 1 300	c (a	.at	
CITY-ST-ZIP	DELRAY BEACH FL			-ST-ZIP	LAKE WAR	11 1773	o L.D.	3K (
TITLE	STD	DELETE	3.1 Tatle		NEW WOIL	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition	
NAME	davis, elliot a.	Τ	3 2 NAM		טומס - ממ' ממ		c.ango	A PROPERTY	
STREET ADDRESS	1690 S CONGRESS AVE			ET ADDRESS	D'ADDARIO, MO	RIE	_		
CITY - ST - ZIP	DELRAY BEACH FL	,		- \$1 - ZIP	1699 3 (2)	LESS MV	۳	ı	
TITLE	AST	DELETE	4.1 TITLE		UECKING, PE	П	Change	Addition	
NAME	NUNEZ, ANTONIO	T	4 2 NAM			ب	- mango	المالين المالين	
STREET ADDRESS	1690 S CONGRESS AVE			ET ADDRESS					

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 appears in Block 12 or Block 13 if changed, on an alged/ment with an address.

4.4 CHTY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP 61 TITLE

5.1 TITLE

5 2 NAME

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

DELRAY BEACH FL

LEVY RICHARD D.

DELRAY BEACH FL

1690 S CONGRESS AVE

AS

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME

DELETE

DELETE

2-16-76

***61.25

600001735596 -03/07/96--01058--024

467-433-16/8 Daytme Phone #

☐ Change

Change

☐ Addition

Addition