

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90159 050 ****61.25

0035299

DOCUMENT # N50748

1. Entity Name

SUMMERFIELD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 GLADES RD, STE 320
 BOCA RATON FL 33434-4104

7900 GLADES RD, STE 320
 BOCA RATON FL 33434-4104
 US

2. Principal Place of Business

3. Mailing Address

C/o Dickinson Management, Inc. 400 Toney Penna Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Jupiter, FL

4. FEI Number
 65-0364404

Applied For
 Not Applicable

Zip
 33458

Country
 USA

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, RALPH B
 7900 GLADES RD, STE 320
 BOCA RATON FL 33434-4104

Name
 Dickinson Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)

400 Toney Penna Dr.
 City
 Jupiter, FL Zip Code
 33458

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Russell Desoe
 Property Manager

3/8/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERDIAGAO, MARCIO 3162 COMMODORE PLAZA #3A COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOOLIK, GARY 7900 GLADES RD, STE 320 BOCA RATON FL 33434-4104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACOBSON, RALPH B 7900 GLADES RD, STE 320 BOCA RATON FL 33434-4104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Andrew Zuckerman C/o Zuckerman Group 3111 University Dr. #610 Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST David Zuckerman C/o Zuckerman Group 3111 University Dr. #610 Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

(772)546-4926

Date Daytime Phone #

CR2E037 (9/01)