

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90431 018 ****61.25

DOCUMENT # N50748

1. Entity Name

SUMMERFIELD COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**C/O DICKINSON MANAGEMENT INC
400 TONEY PENNA DR
JUPITER FL 33458
US**

Mailing Address

**C/O DICKINSON MANAGEMENT INC
400 TONEY PENNA DR
JUPITER FL 33458
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0364404**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6.- Name and Address of Current Registered Agent

**DICKINSON MANAGEMENT INC
400 TONEY PENNA DR
JUPITER FL 33458**

7.- Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PERDIAGAO, MARCIO	
STREET ADDRESS	3162 COMMODORE PLAZA #3A	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	C/O ZUCKERMAN GROUP- 3111 UNIV DR #610	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	C/O ZUCKERMAN GROUP-3111 UNIV. DR #610	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

2-23-03

CR2E037 (10/02)