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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **N93000002555 (1)**

1. Corporation Name

SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 26454 TAMARAC FL 33320	PO BOX 26454 TAMARAC FL 33320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 12/19/1994
4. FEI Number: 65-0425058 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TURNER, GLEN 8533 NW 57TH DRIVE CORAL SPRINGS FL 33067	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P,D ☒ Change ☐ Addition
NAME	VANISKA, EDWARD	12 NAME	Vaniska, Edward
STREET ADDRESS	8341 NW 57TH DRIVE	13 STREET ADDRESS	8341 NE 57th Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33067	14 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	XX	21 TITLE	D ☒ Change ☐ Addition
NAME	[redacted]	22 NAME	Wheaton, Rebecca
STREET ADDRESS	[redacted]	23 STREET ADDRESS	8389 NW 57th Drive
CITY-ST-ZIP	[redacted]	24 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	ST	31 TITLE	S,T,D ☒ Change ☐ Addition
NAME	TURNER, GLEN	32 NAME	Turner, Glen
STREET ADDRESS	8533 NW 57TH DRIVE	33 STREET ADDRESS	8533 NW 57th Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33067	34 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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)(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.

SIGNATURE: _____ Glen Turner 04/24/95 (305)492-8308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000077