## 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

N93000002555 (1)

## SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.

•													
Principal Place of Business Mailing Address										AND MARK BALL FROM			
PO BOX 26454 PO BOX TAMARAC FL 33320 TAMARAC					OX 26454 PAC FL 33320								
									3. Date Incorporated or Qualified 06/07/1993		ate of Las <b>05/01/</b>		
Principal Place of Business				2a. Mailing Address 26					4. FEI Number Applied For Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27					5. Certificate of Status Desired			5 Additional Required	
City & State			28	City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country				Zip Coul					8. This corporation has liability for in	liability for intangible tax under s. 199.032,			
24				29 30				Florida Statutes  10. Name and Address of New Re			Yes XXNo		
	d Address of Cur	rent Regis	stered Agent	<del>-</del>	64	• t							
THOMED	CLEN					81	Name						
Turner, Glen 8533 NW 57TH Drive						82	Street	Addres	klddress (P.O. Box Number is Not Acceptable)				
COPAL SPRINGS FL 33067							83						
						84	City			FL	85 Z	Zip Code	
or register	red agent, or bot	of Sections 617.0 h, in the State of F ne obligations of, S	Iorida, Sud	h change was a	uthorized by the c	ve-r	named co oration's	orporati board	on submits this statement for the purp of directors. I hereby accept the appo	ose of cha intment as	anging its registere	registered office ad agent. I am	
SIGNATURE					·					<u></u> .			
12.	Signature, typeld or pri	inted name of registered a OFFICERS			(NOTE Registered	Agen	nt signature n	edoxeq w	tien reinstating* ADDITIONS/CHANGES TO OFFI	DATE OF DS AND	NIDECT	ODS IN 12	
TITLE	PD	0110210	AND DINE	DELE		ſı F		Γ	ADDITIONS/GITANGES TO OFFE		Change		
NAME	VANISKA, E	EDWARD			12 N						_1a.		
STREET ADDRESS	8341 NW 5	7TH DRIVE					ADDRESS						
CITY-ST-ZIP	CORAL SPI	rings fl					T - ZIP						
TITLE	D			XX DELE							Change	☐ Addition	
NAME	WHEATON,				2 2 N	AME							
STREET ADORESS	8389 NW 5				235	HEFT	ADDRESS						
City - ST - ZiP	CORAL SPI	RINGS FL			2 4 0	TY - \$	ST-ZIP	<u></u>					
TITLE	STD			DELE	[E 3 1 TI	TLE		Ī			[] Change	Addition	
NAME	TURNER, G				3 2 N	ME							
STREET ADDRESS	8533 NW 5				33\$	REET	ADDRESS						
CITY - ST - ZIP	CORAL SPI	HINGS FL					ST-ZIP	ļ					
TITLE				DEFFE				VD.		ļ	Change	Addition	
NAME					4. 2 N				SS, MICHAEL				
STREET ADDRESS							ADDRESS	'	72 NW 57TH DRIVE				
CITY-S1-ZIP TITLE				DELE	4.4 CI		T-ZIP	CO	RAL SPRINGS, FL 33		Change	Addition	
NAME					52 NJ					'	change	[_] Xoution	
STREET ADDRESS							ADDRESS						
CITY - S1 - ZIP					5 4 CI								
TITLE				DELE			1-211				Change	☐ Addition	
NAME				_	6 2 N/					•		<del>-</del>	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					640								
14. Ldo hereb	by certify that the	information supplied	ed with this	filing is volunta	ily furnished and	does	s not qua	lify for	the exemption stated in Section 119.0	7(3)(k), Flo	rida Stati	ites. I further	
oath; that	I am an officer o	r director of the co	rporation o	r the receiver or	arinual report i trustee empowei	s tru ed t	ie and ac to execut	curate e this r	and that my signature shall have the seport as required by Chapter 617, Flo	iame legal rida Statut	enect as es; and tr	n made under nat my name	

SIGNATURE:

oath; that I am an officer or director of appears in Block 12 or Block 13 if char

AMBULT NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD VANISKA 02/13/96 9-4-346826