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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002555 (1)

1. Corporation Name

SUMMERHILL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4691 NORTH UNIVERSITY DRIVE
SUITE #390
CORAL SPRINGS, FL 33067

3. Date Incorporated or Qualified
06/07/93

3a. Date of Last Report
05/01/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MATT HALPRIN
8556 NW 57TH DRIVE
CORAL SPRINGS, FL 33067

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

3/18/97

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME MIKE MOSS
STREET ADDRESS 8572 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE S/T/D ☐ DELETE

NAME MATT HALPRIN
STREET ADDRESS 8556 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE D ☐ DELETE

NAME PATTY THOMPSON
STREET ADDRESS 8532 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE D ☐ DELETE

NAME LAURA HEWLETT
STREET ADDRESS 8540 NW 57TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***\$61.25

14. I do 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT HALPRIN

02/20/97

(954) 753-5303

Date

Daytime Phone #

CR2E037 (9/96)