


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N93000002555 (1)
1. Corporation Name
SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.



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| Principal Place of Business 4691 NORTH UNIVERSITY DRIVE SUITE 390 CORAL SPRINGS FL 33067 | Mailing Address 4691 NORTH UNIVERSITY DRIVE SUITE 390 CORAL SPRINGS FL 33067 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/07/1993 | Applied For Not Applicable |
| 4. FEI Number 65-0425058 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**HALPRIN, MATT
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | STD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALPRIN, MATT | 1.2 NAME | |
| STREET ADDRESS | 8556 NW 57TH DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL 33067 | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSS, MICHAEL | 2.2 NAME | |
| STREET ADDRESS | 8572 NW 57TH DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL 33067 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, PATTY | 3.2 NAME | |
| STREET ADDRESS | 8532 NW 57TH DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL 33067 | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEWLETT, LAURA | 4.2 NAME | |
| STREET ADDRESS | 8540 NW 57TH DRIVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL 33067 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | D |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Goodstat, Alan |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | 8509 NW 57th Drive Coral Springs, FL 33067 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. 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 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:  **Matthew Halprin**

02/02/98

(954) 757-1955

CR2E037 (10/97)