

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999X2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90001 019 ****61.25

DOCUMENT # N93000002555

1. Corporation Name

Summerhill Estates Homeowner's Association, Inc. ✓

Principal Place of Business

Mailing Address

657453

2. Principal Place of Business *

21 4630 N University Drive

Suite, Apt. #, etc.

22 PMB 390

City & State

23 Coral Springs, FL

Zip

24 33067

Country

25 USA

2a. Mailing Address

26 4630 N University Drive

Suite, Apt. #, etc.

27 PMB 390

City & State

28 Coral Springs, FL

Zip

29 33067

Country

30 USA

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

65-0425058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New/Registered Agent

9. Name and Address of Current Registered Agent

Matthew Halprin
8556 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 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

TITLE STD ☐ DELETE

NAME Halprin, Matthew

STREET ADDRESS 8556 NW 57th Drive

CITY-ST-ZIP Coral Springs, FL 33067

TITLE PD ☐ DELETE

NAME Moss, Michael

STREET ADDRESS 8572 NW 57th Drive

CITY-ST-ZIP Coral Springs, FL 33067

TITLE D ☐ DELETE

NAME Thompson, Patty

STREET ADDRESS 8532 NW 57th Drive

CITY-ST-ZIP Coral Springs, FL 33067

TITLE D ☐ DELETE

NAME Hewlett, Laura

STREET ADDRESS 8540 NW 57th Drive

CITY-ST-ZIP Coral Springs, FL 33067

TITLE D ☐ DELETE

NAME Mastando, Melissa

STREET ADDRESS 8517 NW 57th Drive

CITY-ST-ZIP Coral Springs, FL 33067

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Halprin

04/27/00

Date

(954) 757-1955

Daytime Phone #