

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002555

1. Entity Name

SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

4630 N UNIVERSITY DRIVE  
PMB 390  
CORAL SPRINGS FL 33067

Mailing Address

4630 N UNIVERSITY DRIVE  
PMB 390  
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0425058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MOSS, MICHAEL  
8572 NW 57TH DR  
CORAL SPRINGS FL 33067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
Angela O'Connor  
8402 NW 57th Drive  
Coral Springs, FL 33067 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
Sandy Burton  
8325 NW 57th Drive  
Coral Springs, FL 33067 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MASTANDO, MELISSA  
8517 NW 57TH DR  
CORAL SPRINGS FL 33067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Matthew Greene  
8532 NW 57th Drive  
Coral Springs, FL 33067 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Date

954-757-1955

Daytime Phone #

CR2E037 (10/00)

0035442

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90084 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE