

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90011 045 \*\*\*\*61.25

<b>DOCUMENT # N93000002555</b> 1. Entity Name <b>SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.</b>					
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 <b>PO Box 9195</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 9195</b> Suite, Apt. #, etc.			
City & State <b>Coral Springs, FL</b> Zip <b>33075</b>		City & State <b>Coral Springs, FL</b> Zip <b>33075</b>		4. FEI Number <b>65-0425058</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TURNER, JANISE</b> <b>8396 NW 57TH DRIVE</b> <b>CORAL SPRINGS, FL 33067</b>				7. Name and Address of New Registered Agent Name <b>Shawna Senner</b> Street Address (P.O. Box Number is Not Acceptable) <b>8434 NW 57th Drive</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33067</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNER, JANISE 8395 NW 57TH DRIVE CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis Andra 8301 NW 57th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, SANDY 8325 NW 57TH DR CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miguel Nico 8307 NW 57th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDRA, DENNIS 8301 NW 57TH AVE CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Shawna Senner 8434 NW 57th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORAK, JIM 8524 NW 57TH AVE CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Pelfrey 8556 NW 57th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, PAUL 8341 NW 57TH AVE POMPAÑO BEACH, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monica Sherman 8508 NW 57th Drive Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Shawna Senner</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Shawna Senner</b>		
Date <b>2/2/04</b>			Daytime Phone # <b>954-757-1955</b>		