

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90166 012 \*\*\*\*61.25

**DOCUMENT # N93000002555**

1. Entity Name  
**SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 9195  
CORAL SPRINGS, FL 33075**

Mailing Address  
**PO BOX 9195  
CORAL SPRINGS, FL 33075**

**50024810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005 Chg-NP CR2E037 (10/03)

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

**SENNER, SHAWNA  
8434 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.  
ANDRA, DENNIS  
8301 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Lisa VonHoffen  
8581 NW 57th Drive  
Coral Springs, FL 33067** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
NICO, MIGUEL  
8307 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Dana Miller  
8418 NW 57th Drive  
Coral Springs, FL 33067** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SENNER, SHAWNA  
8434 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Verna Gooden  
8557 NW 57th Drive  
Coral Springs, FL 33067** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PELFREY, JOHN  
8556 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHERMAN, MONICA  
8508 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHERMAN, MONICA  
8508 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Shannon Stone  
8501 NW 57th Drive  
Coral Springs, FL 33067** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Shannon Stone  
8501 NW 57th Drive  
Coral Springs, FL 33067** ☐ Delete

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:** *Shawna Senner* **Shawna Senner**

Date

**954-757-1955**

Daytime Phone #