


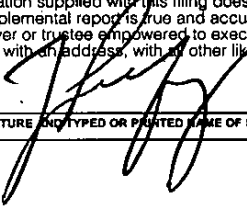


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90018 032 \*\*\*\*61.25

<b>DOCUMENT # N93000002555</b>					
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		
2. Principal Place of Business		3. Mailing Address		  02282006    Chg-NP    CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 65-0425058	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 John Pelfrey		
			Street Address (P.O. Box Number is Not Acceptable) 8556 NW 57th Drive		
			City Coral Springs		
			FL    Zip Code 33067		
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 			John Pelfrey    3/6/06		
Filing Fee is \$61.25 Due by May 1/2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONHOFFEN, LISA		NAME		
STREET ADDRESS	8581 NW 57TH DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DANA		NAME	John Pelfrey	
STREET ADDRESS	8418 NW 57TH DR		STREET ADDRESS	8556 NW 57th Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENNER, SHAWNA		NAME		
STREET ADDRESS	8434 NW 57TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODEN, VERNA		NAME		
STREET ADDRESS	8557 NW 57TH DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, MONICA		NAME	Jeff Budnick	
STREET ADDRESS	8508 NW 57TH DRIVE		STREET ADDRESS	8307 NW 57th Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, SHANNON		NAME	Kevin Brown	
STREET ADDRESS	9602 NW 57TH DR		STREET ADDRESS	8402 NW 57th Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Coral Springs, FL 33067	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.					
SIGNATURE: 			John Pelfrey    3/6/06    954-757-1955		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		