


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90053 001 ****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																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 65-0425058 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent PELFREY, JOHN 8556NW 57TH DR POMPANO BEACH, FL 33067			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VONHOFFEN, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8581 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PELFREY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8556 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SENNER, SHAWNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8434 NW 57TH DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOODEN, VERNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8557 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUNICK, JEFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8307 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8402 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33067</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Director</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jerry Alspach</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8564 NW 57th Drive</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Coral Springs, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	VONHOFFEN, LISA		STREET ADDRESS	8581 NW 57TH DR		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	P	<input type="checkbox"/> Delete	NAME	PELFREY, JOHN		STREET ADDRESS	8556 NW 57TH DR		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	SENNER, SHAWNA		STREET ADDRESS	8434 NW 57TH DRIVE		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	S	<input type="checkbox"/> Delete	NAME	GOODEN, VERNA		STREET ADDRESS	8557 NW 57TH DR		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	VP	<input type="checkbox"/> Delete	NAME	BUNICK, JEFF		STREET ADDRESS	8307 NW 57TH DR		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	D	<input type="checkbox"/> Delete	NAME	BROWN, KEVIN		STREET ADDRESS	8402 NW 57TH DR		CITY - ST - ZIP	CORAL SPRINGS, FL 33067		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Jerry Alspach		STREET ADDRESS	8564 NW 57th Drive		CITY - ST - ZIP	Coral Springs, FL 33067		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 all other like empowered.																																																																																																																													
SIGNATURE: _____ John Pelfrey 2/20/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
954-757-1955 <small>Daytime Phone #</small>																																																																																																																													