
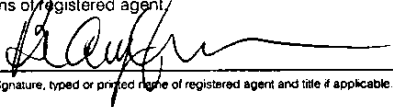
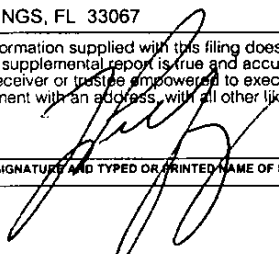


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 026 ****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		04252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0425058	
Zip		Country		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		
PELFREY, JOHN 8556NW 57TH DR POMPANO BEACH, FL 33067			Name Becky Wheaton Street Address (P.O. Box Number is Not Acceptable) 8389 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 			Becky Wheaton		4/25/2008
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, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	D VONHOFFEN, LISA 8581 NW 57TH DR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PELFREY, JOHN 8556 NW 57TH DR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALSPACH, JERRY 8564 NW 57TH DR. CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODEN, VERA 8557 NW 57TH DR CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Dennis Andra 8301 NW 57 Drive Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUNICK, JEFF 8307 NW 57TH DR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, KEVIN 8402 NW 57TH DR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rick Valente 8581 NW 57 Drive 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 all other like empowered.					
SIGNATURE: 			John Pelfrey		4/25/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #