

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91414 016 ****61.25

DOCUMENT # N93000002555

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0425058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HALPRIN, MATT
8556 NW 57TH DRIVE
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

Janise Turner

Street Address (P.O. Box Number is Not Acceptable)

8395 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: *Janise Turner, Sec/Treas* **Janise Turner-Secretary/Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW: FEE IS \$61.25

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

TITLE **STD** ☒ Delete
NAME **HALPRIN, MATT**
STREET ADDRESS **8556 NW 57TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **STD** ☐ Delete
NAME **BURTON, SANDY**
STREET ADDRESS **8325 NW 57TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☒ Delete
NAME **GREENE, MATTHEW**
STREET ADDRESS **8532 NW 57TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VPD** ☒ Delete
NAME **CONNOR, ANGELA**
STREET ADDRESS **8402 NW 57TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **Janise Turner**
STREET ADDRESS **8395 NW 57th Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Dennis Andra**
STREET ADDRESS **8301 NW 57th Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **D** ☐ Change ☒ Addition
NAME **Jim Horak**
STREET ADDRESS **8524 NW 57th Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **D** ☐ Change ☒ Addition
NAME **Paul Grady**
STREET ADDRESS **8341 NW 57th Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Janise Turner **REQUIRED Janise Turner**

4/24/03

954-757-1955

CR2E037 (10/02)