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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

608499 - 90006 - 42

DOCUMENT # N98000004428

1. Corporation Name
SUMMERS MILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	1800 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409

2. Principal Place of Business 21 9050 Pines Boulevard Suite, Apt. #, etc. 22 110 City & State 23 Pembroke Pines Zip 24 33028 Country 25	2a. Mailing Address 26 9050 Pines Boulevard Suite, Apt. #, etc. 27 110 City & State 28 Pembroke Pines Zip 29 33028 Country 30	3. Date Incorporated or Qualified 07/31/1998 4. FEI Number 65-0939287 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOVNANIAN, K
1800 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: Morrison Homes
82 Street Address (P.O. Box Number is Not Acceptable): 9050 Pines Boulevard Ste 110
83
84 City: Pembroke Pines FL 85 Zip Code: 33028

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David C Blessing 7/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAPAPORT, JON 1800 S. AUSTRALIAN AVENUE WEST PALM BEACH FL 33409	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD David C BLESSING 9050 Pines Blvd Ste 110 Pembroke Pines FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KLEISLEY, RICHARD 1800 S. AUSTRALIAN AVENUE WEST PALM BEACH FL 33409	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Eduardo Camet 9050 Pines Blvd Ste 110 Pembroke Pines FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD PIERCE, MARY 1800 S. AUSTRALIAN AVENUE WEST PALM BEACH FL 33409	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STVD Rita Armstrong 9050 Pines Blvd Ste 110 Pembroke Pines FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C Blessing SIGNATURE REQUIRED 7/26/99 954-438-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #