

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90851 047 \*\*\*\*61.25

**DOCUMENT # N98000004723**

1. Entity Name

**SUMMIT GREENS RESIDENTS' ASSOCIATION, INC.**

*h*

Principal Place of Business

Mailing Address

7777 GLADES ROAD #410  
 BOCA RATON FL 33434

7777 GLADES ROAD #410  
 BOCA RATON FL 33434-4193

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

**65-1015729 APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, ALFRED G**  
**7777 GLADES ROAD #410**  
**BOCA RATON FL 33434**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VSD	SLEEK, HARRY T	7777 GLADES ROAD #410	BOCA RATON FL 33434	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PTD	WEST, ALFRED G	7777 GLADES ROAD #410	BOCA RATON FL 33434	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HOYOS, JEFFERY	7777 GLADES ROAD #410	BOCA RATON FL 33434	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED: JEFFERY HOYOS 04/28/00 (561) 4825100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)