

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90016 039 ****61.25

DOCUMENT # N99000000101					
1. Entity Name SUMMER BROOK PRESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2651 ENGLEWOOD DR. MELBOURNE, FL 32940 US			Mailing Address PO BOX 410850 MELBOURNE, FL 32941		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3657498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROACH, DAVID D 2651 ENGLEWOOD DRIVE MELBOURNE, FL 32940			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: <u>David D. Roach</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$81.25 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 P NAME ROACH, DAVID D STREET ADDRESS 2651 ENGLEWOOD DRIVE CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE DAVID SACKLER NAME 2672 Englewood Drive STREET ADDRESS Vice President CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WALKER, COLIN STREET ADDRESS 2831 ENGLEWOOD DRIVE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE Robert Nicolette NAME 2682 Englewood Drive STREET ADDRESS Director CITY-ST-ZIP Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TS NAME MCCABE, ELIZABETH J STREET ADDRESS 2832 EAGLE WOOD DR CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE McCabe, Elizabeth NAME 2832 Englewood Drive STREET ADDRESS Treasurer CITY-ST-ZIP Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Jeanette, Egerton NAME 2781 Englewood Drive STREET ADDRESS Secretary CITY-ST-ZIP Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: <u>David D. Roach</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/29/08		321-253-4449 <small>Daytime Phone #</small>