

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90249 044 ***150.00

DOCUMENT # P94000009333

1. Entity Name
SUMMIT APARTMENT BUILDERS, INC.



Principal Place of Business
309 E MOREHEAD # 200
CHARLOTTE, NC 28202 US

Mailing Address
309 E MOREHEAD # 200
CHARLOTTE, NC 28202 US

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3222151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGUIRE, WILLIAM B JR
STREET ADDRESS	309 E MOREHEAD ST STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	D
NAME	PAULSEN, WILLIAM F
STREET ADDRESS	309 E MOREHEAD STREET STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	P
NAME	DOWNEY, KEITH L.
STREET ADDRESS	309 E MOREHEAD ST STE 200
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	VPC
NAME	Paul B. Rozelle
STREET ADDRESS	309 E. Morehead St, Ste 200
CITY-ST-ZIP	Charlotte, NC 28202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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:

Paul B. Rozelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul B. Rozelle 4/2/04

Date

704-334-3000

Daytime Phone #