2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 742112

Entity Name: SUMMIT COVE CONDOMINIUM ASSO. INC.

Current Principal Place of Business:

8520 U.S. 1
MICCO, FL 32976

New Principal Place of Business:

Current Mailing Address:

8520 U.S. 1
MICCO, FL 32976

New Mailing Address:

8520 U. S. 1
MICCO, FL 32976 BR

FEI Number: 59-1958402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GWINN, IDA
8520 US HWY 1 UNIT #C12
MICCO, FL 32976 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CARLE, CHARLOTTE	
Address:	8520 US HWY 1 E7	
City-St-Zip:	MICCO, FL 32976	
Title:	V	( ) Delete
Name:	STUDNICKA, GLORIDA	
Address:	8520 US HWY 1 #12	
City-St-Zip:	MICCO, FL 32976	
Title:	D	( ) Delete
Name:	SCANLAN, JOE	
Address:	8520 US HIGHWAY 1 #C10	
City-St-Zip:	MICCO, FL 32976	
Title:	V	( ) Delete
Name:	GWINN, IDA	
Address:	8520 US HWY 1 #C12	
City-St-Zip:	MICCO, FP 32976	
Title:	TD	( ) Delete
Name:	MARSHALL, JEANNE	
Address:	8520 U.S. HWY 1	
City-St-Zip:	MICCO, FL 32976	
Title:	D	( ) Delete
Name:	LEBLANC, LISE	
Address:	8520 US HWY 1, #A3	
City-St-Zip:	MICCO, FL 32976	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE YOUNG MGR. 04/23/2009

Electronic Signature of Signing Officer or Director — Date