


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004124

1. Entity Name
SUMMER TOWNE OWNERS ASSOCIATION, INC.



Principal Place of Business 16328 FRONT BEACH RD PANAMA CITY BEACH, FL 32413	Mailing Address 17644 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3702717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEPHENS, LARRY W
17644 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413**

**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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLEDGE, KEN 17644 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENS, LARRY 17644 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, TERESA 17644 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, KEITH 16328 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
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 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: *Terese A. Sledge* **850-234-7772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #