

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005935

FILED
Feb 22, 2005
Secretary of State

Entity Name: SUMMERVIEW OAKS PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

201 14TH AVENUE S.E.
SUITE #H
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2008
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 56-2407475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFEIFFER, EARL A
201 14TH AVENUE S.E.
SUITE H
RUSKIN, FL 33570 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: P () Delete
Name: PFEIFFER, EARL A
Address: PO BOX 771
City-St-Zip: RUSKIN, FL 33575

Title: VP () Delete
Name: FIGUEROA, HOPE
Address: PO BOX 771
City-St-Zip: RUSKIN, FL 33575

Title: TR () Delete
Name: MCKAMEY, KATHRYN
Address: PO BOX 771
City-St-Zip: RUSKIN, FL 33575

Title: D () Delete
Name: ORTIZ, VANESSA
Address: P.O. BOX 771
City-St-Zip: RUSKIN, FL 33575

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CURRY, BOBBIE
Address: PO BOX 771
City-St-Zip: RUSKIN, FL 33575

Title: TR (X) Change () Addition
Name: DUBENDORFER, CASEY
Address: PO BOX 771
City-St-Zip: RUSKIN, FL 33575

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL PFEIFFER

P

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date