

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90240 006 ****61.25

DOCUMENT # N02000005935			
1. Entity Name SUMMERVIEW OAKS PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 201 14TH AVENUE S.E. SUITE #H RUSKIN, FL 33570		Mailing Address P.O. BOX 2008 RIVERVIEW, FL 33568	
2. Principal Place of Business 10301 summerview circle		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riverview, FL		City & State	
Zip 33569	Country Hillsborough	Zip	Country
4. FEI Number 56-2407475		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 PFEIFFER, EARL A 201 14TH AVENUE S.E. SUITE H RUSKIN, FL 33570		7. Name and Address of New Registered Agent Name: Vanessa L. Ortiz Street Address (P.O. Box Number is Not Acceptable) 201 14th Avenue S.E. Suite H City: Ruskin FL Zip Code: 33570	
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: <i>Vanessa Ortiz</i> DATE: 1/11/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P PFEIFFER, EARL A PO BOX 771 RUSKIN, FL 33575 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vanessa Ortiz PO Box 2008 Riverview, FL 33568 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRY, BOBBIE PO BOX 771 RUSKIN, FL 33575 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Bobbie Curry P.O. Box 2008 Riverview, FL 33568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUBENDORFER, CASEY PO BOX 771 RUSKIN, FL 33575 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Casey Dubendorfer P.O. Box 2008 Riverview, FL 33568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, VANESSA P.O. BOX 771 RUSKIN, FL 33575 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dawn Bothers P.O. Box 2008 Riverview, FL 33568 <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: <i>Vanessa Ortiz</i>		Date: 1/11/05 Daytime Phone #: 813-672-7860 x260	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	