


**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90424 045 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N02000005935**

1. Entity Name  
**SUMMERVIEW OAKS PROPERTY OWNER'S ASSOCIATION, IN  
 C.**



**55041289**

Principal Place of Business      Mailing Address

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

POST OFFICE BOX 771  
 RUSKIN FL 33570



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

33575      USA

4. FEI Number      Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

PFEIFFER, EARL A  
 201 14TH AVENUE S.E.  
 SUITE H  
 RUSKIN FL 33570

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

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

FILE NOW: FEE IS \$61.25

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, EARL A	NAME	Earl Pfeiffer
STREET ADDRESS	POST OFFICE BOX 771	STREET ADDRESS	P.O. Box 771
CITY-ST-ZIP	RUSKIN FL 33570	CITY-ST-ZIP	Ruskin, FL 33570
TITLE		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Hope Figueroa
STREET ADDRESS		STREET ADDRESS	P.O. Box 771
CITY-ST-ZIP		CITY-ST-ZIP	Ruskin, FL 33570
TITLE		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kathryn McKamey
STREET ADDRESS		STREET ADDRESS	P.O. Box 771
CITY-ST-ZIP		CITY-ST-ZIP	Ruskin, FL 33570
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Earl Pfeiffer*      DATE: 2-18-03      DAYTIME PHONE: 813 672 7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)