

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90032 014 ****61.25

DOCUMENT # N02000006464

1. Entity Name
**SUMMER PLACE ESTATES HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**108 EGLIN PKWY SE
FORT WALTON BEACH, FL 32548**

Mailing Address
**POST OFFICE BOX 4457
FT. WALTON BEACH, FL 32549**

46900235



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
20-1528324

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DEROSA, STACIE
1910 KADINA CIRCLE
FORT WALTON BEACH, FL 32547**

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

Signature, typed or printed name of registered agent and title 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEWANDOWSKI, GEORGE**
STREET ADDRESS **1940 KADINA CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **VP** ☒ Delete
NAME **PHILLIPS, DAVE**
STREET ADDRESS **1912 KADINA CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **ST** ☐ Delete
NAME **DEROSA, STACIE**
STREET ADDRESS **1910 KADINA CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer only** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S Mary Cabron**
STREET ADDRESS **1921 Kadima Circle**
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Change ☒ Addition
NAME **VP Marilyn Ankeney**
STREET ADDRESS **1943 Kadima Circle**
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stacie Derosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

Date

950-244-5121

Daytime Phone #