

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009543

FILED  
Jan 14, 2004  
Secretary of State

**Entity Name:** SUMMER RIDGE HOMEOWNERS. ASSOCIATION, INC.

**Current Principal Place of Business:**

60 RIDGE RD  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

60 RIDGE RD  
SANTA ROSA BCH, FL 32459

**New Mailing Address:**

P.O. BOX 1693  
SANTA ROSA BCH, FL 32459

**FEI Number:** 54-2086033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENSON, JAMES P  
60 RIDGE RD  
SANTA ROSA BCH, FL 32459

**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: DP ( ) Delete  
Name: BENSON, JAMES P  
Address: P.O.BOX 1693  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DST ( ) Delete  
Name: BENSON, SUZETTE  
Address: P.O.BOX 1693  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DV ( ) Delete  
Name: MCCARY, MARK T  
Address: 5028 BRUCE PL  
City-St-Zip: EDINA, MN 55424

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JAMES P BENSON

DP

01/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date