

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006709

1. Entity Name
SUMMERBROOKE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**1357 NE 51ST LOOP
OCALA, FL 34479**

Mailing Address
**1357 NE 51ST LOOP
OCALA, FL 34479**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
34-2013139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETRUCELLI, JOHN
1357 NE 51ST LOOP
OCALA, FL 34479**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OSTERBRINK, LARRY
5220 NE 14TH COURT
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONNER, DWAYNE
5210 NE 11TH AVE
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOPKINS, MICHAEL
5240 NE 11TH AVE
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PETRUCELLI, JOHN
1357 NE 51ST LOOP
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITE, DIANE
1253 NE 51ST LOOP
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHOFIELD, BONNIE
1189 NE 51ST PL
OCALA, FL 34479**

U00000427713
02/21/06-60019-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *X John Petrucelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 6, 2006
690-1012