


365 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 042 ****61.25

DOCUMENT # N04000000947	
1. Entity Name SOUTH COVE AT SUMMERFIELD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716	Mailing Address X2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716
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2. Principal Place of Business - No P.O. Box # STERLING MGMT Suite, Apt. #, etc. SUITE 100 City & State ST. PETERSBURG FL Zip 33716	3. Mailing Address 2870 SCHERER DR N Suite, Apt. #, etc. SUITE 100 City & State ST. PETERSBURG FL Zip 33716
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent COTLERILL, RONALD E ESQ 1010 NORTH FLORIDA TAMPA FL 33602	7. Name and Address of New Registered Agent Name MICHAEL BRUDNY Street Address (P.O. Box Number is Not Acceptable) 200 N. PINE AVE. SUITE A City OLDSMAR FL Zip Code 31677
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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 Michael Brudny, Michael Brudny 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODEN, HOWARD 11568 MISTY ISLE LN RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODROE ASHE 11625 TROPICAL ISLE LN RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKY, ERIC 11544 MISTY ISLE LN RIVERVIEW FL 33569 <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	S NEALLY, MICHELE 13220 EVENING SUNSET LN RIVERVIEW FL 33569 <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	T CALDWELL, MICHAEL 13231 EVENING SUNSET LN RIVERVIEW FL 33569 <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	D JASPER, DAVID 11443 MISTY ISLE LN RIVERVIEW FL 33569 <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	D ENGLISH, TOM 11616 TROPICAL ISLE LN RIVERVIEW FL 33569 <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 Section 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #