

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:04

DOCUMENT # **N25835** (2)
1. Corporation Name
SUMMERFIELD ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~101 SUMMERFIELD DRIVE~~
PONTE VEDRA BEACH FL 32082
US
108 GLENMAWR COURT
PO BOX 2702
PONTE VEDRA BEACH FL 32004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/11/1988** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-2912368** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$66.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
~~BARBOUR, JEPHTHA F.~~
~~101 SUMMERFIELD DRIVE~~
~~PONTE VEDRA BEACH FL 32082~~

10. Name and Address of New Registered Agent

81 Name **LUTHER D. YARGER**

82 Street Address (P.O. Box Number is Not Acceptable)
108 GLENMAWR COURT

83

84 City **Ponte Vedra Beach FL** 85 Zip Code **32082**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Luther D. Yarger Treasurer **Luther D. YARGER 5/21/95**

Signature, typed or printed name of registered agent or officer or director (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HOWARD, KAREN P
STREET ADDRESS	100 CHELMSFORD PLACE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	VD
NAME	BARBOUR, JEPHTHA F.
STREET ADDRESS	101 SUMMERFIELD DRIVE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	VD
NAME	MATHEWS, DEAN
STREET ADDRESS	100 SUMMERFIELD DRIVE
CITY - ST - ZIP	PONTE VEDRA BCH FL 32082
TITLE	PD
NAME	VLIEGEN, WALTHER
STREET ADDRESS	105 CHELMSFORD PLACE
CITY - ST - ZIP	PONTE VEDRA BCH FL 32082
TITLE	TD
NAME	LU, YARGER
STREET ADDRESS	108 GLENMAWR
CITY - ST - ZIP	PONTE VEDRA BCH FL 32087
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	50	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LILIEN, DUSTY	
1.3 STREET ADDRESS	105 MEADOWCREST LANE	
1.4 CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAUN, MIKE	
2.3 STREET ADDRESS	104 SUMMERFIELD DRIVE	
2.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALTHER, CHARLES	
3.3 STREET ADDRESS	117 SUMMERFIELD DRIVE	
3.4 CITY - ST - ZIP	Ponte Vedra, Beach, FL 32082	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luther D. Yarger, Treasurer **Luther D. YARGER** 5/21/95 904-285-5812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Within 1 Year)