

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 108 GLENMAWR COURT, PONTE VEDRA BEACH FL 32082 US
Mailing Address: PO BOX 2702, PONTE VEDRA BEACH FL 32004 US

3. Date Incorporated or Qualified: 04/11/1988
3a. Date of Last Report: 05/25/1995
4. FEI Number: 59-2912368
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip, Country
25. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent: YAAGER, LUTHER, 108 GLENMAWR COURT, PONTE VEDRA BEACH FL 32082
10. Name and Address of New Registered Agent (81-84)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, FL, 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILIEN, DUSTY	1.2 NAME	
STREET ADDRESS	105 MEADOW CREST LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUN, MIKE	2.2 NAME	
STREET ADDRESS	104 SUMMERFIELD DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, CHARLES	3.2 NAME	
STREET ADDRESS	117 SUMMERFIELD DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLIEN, WALTHER	4.2 NAME	
STREET ADDRESS	105 CHELMSFORD PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	4.4 CITY - ST - ZIP	
TITLE	TO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LU, YARGER	5.2 NAME	
STREET ADDRESS	108 GLENMAWR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 617, 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* 1/15/96 904-283-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)