


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90018 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25835

1. Corporation Name
SUMMERFIELD ASSOCIATION, INC.

Principal Place of Business 109 GLENMAWR COURT PONTE VEDRA BEACH FL 32082 US	Mailing Address 109 GLENMAWR COURT PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business 21 100 CHELMSFORD PLACE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 2702 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/11/1988
22 City & State 23 PONTE VEDRA BEACH, FL	27 City & State 28 PONTE VEDRA BEACH, FL	4. FEI Number 59-2912368 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 32082	25 Country	29 32004
30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HAY, JONATHAN L 100 CHELMSFORD PLACE PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDDLETON, HARRY 109 GLENMAWR COURT PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MARK STERRITT 112 MEADOWCREST LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNEDY, TERRY 180 SUMMERFIELD DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D CHRISTINE H. WYLIE 196 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, ROBERT 185 SUMMERFIELD DRIVE PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D CAY ELLEN WALSER 192 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAY, JONATHAN L 100 CHELMSFORD PLACE PONTE VEDRA BCH FL 32082 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D CONNIE WORKMAN 193 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILVAIN, WILLIAM 169 SUMMERFIELD DRIVE PONTE VEDRA BCH FL 32082 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D COURTENAY SPRATT 176 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SANDRA 101 SPRINGMOOR WAY PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Terry Kennedy **SIGNATURE REQUIRED** 3/23/99 (904) 280-8337
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)