


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 025 ****61.25

DOCUMENT # N25835
 1. Entity Name
SUMMERFIELD ASSOCIATION, INC.



Principal Place of Business: **100 CHELMSFORD PLACE, PONTE VEDRA BEACH FL 32082, US**
 Mailing Address: **PO BOX 2702, PONTE VEDRA BEACH FL 32004, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-2912368**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAY, JONATHAN L
100 CHELMSFORD PLACE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: KEATING, CRAIG STREET ADDRESS: 132 SUMMERFIELD DR CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE: TD NAME: WALTER, JANICE R STREET ADDRESS: 177 SUMMERFIELD DR CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE: D NAME: KENNEDY, TERRY STREET ADDRESS: 180 SUMMERFIELD DRIVE CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: YOUNG, TOM STREET ADDRESS: 105 CHELMSFORD PL CITY-ST-ZIP: PONTE VEDRA BCH FL 32082	<input type="checkbox"/> Delete
TITLE: D NAME: SMITH, HARRY STREET ADDRESS: 101 MEADOWCREST DR. CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Linda Anderson STREET ADDRESS: 149 Summerfield Dr. CITY-ST-ZIP: P.V.B., FL. 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/31/04** Daytime Phone #: **904-285-9827**