

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90117 028 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2912368**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

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	<input checked="" type="checkbox"/> Delete
NAME	TALBOT, MAURICE	
STREET ADDRESS	149 SUMMERFIELD DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTER, JANICE R	
STREET ADDRESS	177 SUMMERFIELD DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, TERRY	
STREET ADDRESS	180 SUMMERFIELD DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAKO, JACKIE	
STREET ADDRESS	109 MEADOWCREST LANE	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HARRY	
STREET ADDRESS	101 MEADOWCREST DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keating, Craig	
STREET ADDRESS	132 Summerfield Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter, Janice	
STREET ADDRESS	177 Summerfield Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, Terry	
STREET ADDRESS	180 Summerfield Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Tom	
STREET ADDRESS	105 Chelmsford Pl.	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Harry	
STREET ADDRESS	101 Meadowcrest Dr.	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-7-03

Date

Daytime Phone #

CR2E037 (10/02)