

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N30036		
1. Entity Name SUMMERWOOD HOMEOWNER'S ASSOCIATION, INC.		
Principal Place of Business 836 SUMMERWOOD DRIVE JUPITER, FL 33458 US	Mailing Address 836 SUMMERWOOD DR. JUPITER, FL 33458 US	



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0130789	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONARD, CYNTHIA H 836 SUMMERWOOD DR JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVID, SUTHERLAND 825 SUMMERWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVID, SHOCKLEY 848 SUMMERWOOD DR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONARD, CYNTHIA 836 SUMMERWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLISON, SIMONS 888 SUMMERWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/08-80004-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cynthia H. Conard Cynthia H Conard 1/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #