

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25835

1. Entity Name

SUMMERFIELD ASSOCIATION, INC.

R

FILED

Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90008 026 ****61.25

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAY, JONATHAN L
100 CHELMSFORD PLACE
PONTE VEDRA BEACH FL 32082

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STERRITT, MARK
STREET ADDRESS 112 MEADOWCREST LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME KENNEDY, TERRY
STREET ADDRESS 180 SUMMERFIELD DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE T,D ☐ Change ☒ Addition
NAME Janice R. Walter
STREET ADDRESS 177 Summerfield Dr.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ Delete
NAME WYLIE, CHRISTINE H
STREET ADDRESS 198 SUMMERFIELD DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Change ☒ Addition
NAME Linda Anderson
STREET ADDRESS Maurice Talbot
CITY-ST-ZIP 149 Summerfield Dr.
Ponte Vedra Beach, FL

TITLE D ☐ Delete
NAME WALSER, CAY E
STREET ADDRESS 192 SUMMERFIELD DRIVE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MCILVAIN, WILLIAM
STREET ADDRESS 169 SUMMERFIELD DRIVE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE VP,D ☐ Change ☒ Addition
NAME Terry Kennedy
STREET ADDRESS 180 Summerfield Dr.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☒ Delete
NAME TAYLOR, SANDRA
STREET ADDRESS 101 SPRINGMOOR WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Change ☒ Addition
NAME Harry Smith
STREET ADDRESS 101 Meadowcrest Dr.
CITY-ST-ZIP Ponte, Vedra Beach, FL 32082

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

Daytime Phone #

08-01-00 904-285-9827

CP2E037 (5/00)