

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 021 ****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

B0061523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2912368

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 TALBOT, MAURICE
 STREET ADDRESS 149 SUMMERFIELD DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE PD ☐ Change ☐ Addition
 NAME Talbot, Maurice
 STREET ADDRESS 149 Summerfield Drive
 CITY-ST-ZIP P.V.B., FL. 32082

TITLE TD ☐ Delete
 NAME WALTER, JANICE R
 STREET ADDRESS 177 SUMMERFIELD DR
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE TD ☐ Change ☐ Addition
 NAME Walter, Janice R.
 STREET ADDRESS 177 Summerfield Dr.
 CITY-ST-ZIP P.V.B., FL. 32082

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

TITLE D ☐ Change ☐ Addition
 NAME Kennedy, Terry
 STREET ADDRESS 180 Summerfield Dr.
 CITY-ST-ZIP P.V.B., FL. 32082

TITLE D ☐ Delete
 NAME MAKO, JACKIE
 STREET ADDRESS 109 MEADOWCREST LANE
 CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE D ☐ Change ☐ Addition
 NAME Mako, Jackie
 STREET ADDRESS 109 Meadowcrest Lane
 CITY-ST-ZIP P.V.B., FL. 32082

TITLE D ☒ Delete
 NAME ANDERSON, LINDA
 STREET ADDRESS 149 SUMMERFIELD DR.
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE D ☐ Delete
 NAME SMITH, HARRY
 STREET ADDRESS 101 MEADOWCREST DR.
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Change ☐ Addition
 NAME Smith, Harry
 STREET ADDRESS 101 Meadowcrest Dr.
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1193.2082 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:

Jonathan L Hay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-02

Date

904-355-0355

Daytime Phone #

CR2E037 (9/01)