


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 036 ****61.25

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

Principal Place of Business	Mailing Address
100 CHELMSFORD PLACE PONTE VEDRA BEACH FL 32082 US	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



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For	
59-2912368		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, CRAIG	NAME	Keating, Craig
STREET ADDRESS	132 SUMMERFIELD DR	STREET ADDRESS	132 Summerfield Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	P.V.B., FL. 32082
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, JANICE R	NAME	Janice Walter
STREET ADDRESS	177 SUMMERFIELD DR	STREET ADDRESS	177 Summerfield Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	P.V.B., FL. 32082
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LINA	NAME	Anderson, Linda
STREET ADDRESS	149 SUMMERFIELD DR	STREET ADDRESS	149 Summerfield Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	P.V.B., FL. 32082
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, TOM	NAME	Ariav, Jeanne
STREET ADDRESS	105 CHELMSFORD PL	STREET ADDRESS	104 Springmoor Lane
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	CITY-ST-ZIP	P.V.B., FL. 32082
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HARRY	NAME	Smith, Harry
STREET ADDRESS	101 MEADOWCREST DR.	STREET ADDRESS	101 Meadowcrest Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	P.V.B., FL. 32082
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **1-25-06**