

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000312

FILED
Feb 08, 2006
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF SUMMERFIELD, INC.

Current Principal Place of Business:

6084 SUMMERLAKE DR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

6084 SUMMERLAKE DR
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3653284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, PATRICK
6086 SUMMERLAKE DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LEWIS, PATRICK M
6086 SUMMERLAKE DRIVE
PORT ORANGE, FL 32127 US

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: PATRICK M LEWIS

02/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, PATRICK
Address: 6086 SUMMER LAKE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD () Delete
Name: PEWORCHIL, DAVE
Address: 6095 SUMMERLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: SD () Delete
Name: MABRY, MIKE
Address: 6096 SUMMERLIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Delete
Name: LEWIS, PATRICK
Address: 6086 SUMMERLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Delete
Name: MABRY, MIKE
Address: 6096 SUMMERLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACKEY JR, ARTHUR
Address: 6100 SUMMER LAKE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD (X) Change () Addition
Name: PEWORCHIK, DAVID
Address: 6095 SUMMERLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: SD (X) Change () Addition
Name: LEWIS, PATRICK M
Address: 6086 SUMMERLIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK M LEWIS

SD

02/08/2006

Electronic Signature of Signing Officer or Director

Date