2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-12-2008 90012 012 ****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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEATING, CRAIG 132 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Keating, Craig 132 Summerfield Dr. Ponte Vedra Beach, F. 32082	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALTER, JANICE R 177 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Walter, Janice R. 177 Summerfield Dr. Ponte Vedra Beach, Fl. 32082	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, LINA 149 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anderson, Linda 149 Summerfield Dr. Ponte Vedra Beach, Fl. 32082	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIAV, JEANNE 104 SPRINGMOOR LN PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ariav, Jeanne 104 Springmoor Lane Ponte Vedra Beach, Fl. 32082	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, HARRY 101 MEADOWCREST DR. PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Smith, Harry 101 Meadowcrest Dr. Ponte Vedra Beach, Fl.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 reports 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: _____ 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #