

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004618

FILED
May 01, 2008
Secretary of State

Entity Name: SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SUMMERWOOD HOA
99 SUMMERWOOD DR
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

99 SUMMERWOOD DR
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-3401099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NICHOLS, DONALD C DP
91 WINDRIDGE COURT
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NICHOLS, DONALD C
Address: 91 WINDRIDGE CT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DV () Delete
Name: MCCALL, CHRIS
Address: 330 SUMMERWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DT () Delete
Name: MORUS, KATHLEEN M
Address: 129 SUMMERWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: ROWE, MICHEAL J
Address: 234 BEACHWOOD LN
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: NICHOLS, AMANDA R
Address: 91 WINDRIDGE CT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DP (X) Change () Addition
Name: COBB, DIANE
Address: 99 SUMMERWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

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 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: AMANDA R NICHOLS

DS

05/01/2008

Electronic Signature of Signing Officer or Director

Date