

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25835

**Entity Name:** SUMMERFIELD ASSOCIATION, INC.

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC7969009856**

**Current Principal Place of Business:**

3108 SAWGRASS VILLAGE CIRCLE  
C/O LYNNETTE WHITE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

3108 SAWGRASS VILLAGE CIRCLE  
C/C LYNNETTE WHITE  
PONTE VEDRA BEACH, FL 32004 US

**FEI Number: 59-2912368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC.  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 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:** LYNNETTE WHITE

03/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARDMAN, DEBORAH  
Address        189 SUMMERFIELD DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            DIRECTOR  
Name            STEVENS, JOEY  
Address        112 GLENMAWR COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            TREASURER  
Name            ECKENBACH, KRISTIN  
Address        108 SUMMERFIELD DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            VP  
Name            BARBOUR, CAROL  
Address        161 SUMMERFIELD DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            DIRECTOR  
Name            SMITH, HARRY  
Address        101 MEADOWCREST DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            DIRECTOR  
Name            ROWE, KEVIN  
Address        137 SUMMERFILED DR  
City-State-Zip: PONTE VEDRA FL 32082

Title            DIRECTOR  
Name            HAY, JON  
Address        100 CHELMSFORD PLACE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTIN ECKENBACH

**TREASURER/SECRETARY** 03/03/2016  
Y

Electronic Signature of Signing Officer/Director Detail

Date