

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 702191

1. Entity Name
SUMMERPLACE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

**P. O. BOX 700160
WABASSO, FL 32970 US**

Mailing Address

**P O BOX 700160
WABASSO, FL 32970 US**

DO NOT WRITE IN THIS SPACE



04262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1689651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLYNN, WILLIAM G
1802 BAREFOOT PL EAST
VERO BCH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLYNN, WILLIAM G
STREET ADDRESS	1802 BAREFOOT PL. E.
CITY-ST-ZIP	VERO BCH., FL
TITLE	D
NAME	PICKARD, CHUCK
STREET ADDRESS	1971 SHELL LANE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	KENWORTHY, JANYNE
STREET ADDRESS	1820 PEBBLE PATH EAST
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DS
NAME	GLYNN, JERI
STREET ADDRESS	1802 BAREFOOT PLACE E
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	GRANGE, SHEILA
STREET ADDRESS	305 22ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	COURAGE, DAVID
STREET ADDRESS	1820 BAREFOOT PLACE E.
CITY-ST-ZIP	VERO BEACH, FL 32963

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05/27/08-80073-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

772-388-5901