2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# 702191

Entity Name: SUMMERPLACE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 700160
WABASSO, FL 32970 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 700160
WABASSO, FL 32970 US

New Mailing Address:

FEI Number: 59-1689651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLYNN, WILLIAM G
1802 BAREFOOT PL EAST
VERO BCH, FL 32963 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:	P	( ) Delete
Name:	GLYNN, WILLIAM G	
Address:	1802 BAREFOOT PL. E.	
City-St-Zip:	VERO BCH., FL	
Title:	D	( ) Delete
Name:	PICKARD, CHUCK	
Address:	1971 SHELL LANE	
City-St-Zip:	VERO BEACH, FL	
Title:	D	( ) Delete
Name:	KENWORTHY, JANYNE	
Address:	1820 PEBBLE PATH EAST	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	DS	( ) Delete
Name:	GLYNN, JERI	
Address:	1802 BAREFOOT PLACE E	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	GRANGE, SHEILA	
Address:	305 22ND AVE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	COURAGE, DAVID	
Address:	1820 BAREFOOT PLACE E.	
City-St-Zip:	VERO BEACH, FL 32963	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HAND, PETER	
Address:	1861 BAREFOOT PLACE	
City-St-Zip:	VERO BEACH, FL 32963	
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: JANYNE F. KENWORTHY D 03/21/2009

Electronic Signature of Signing Officer or Director — Date