2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 766397

Entity Name: THE SUMMIT II PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 122
OCALA, FL 34478 US

New Principal Place of Business:

108 N. MAGNOLIA AVE.
STE 101
OCALA, FL 34475 US

Current Mailing Address:

P.O BOX 122 .
OCALA, FL 34478

New Mailing Address:

P.O. BOX 122
OCALA, FL 34478 US

FEI Number: 59-1593907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSS, R SCOTT
108 N. MAGNOLIA AVE
STE 101
OCALA, FL 34475 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: BRADSHAW, ROBERT
Address: 6255 SW 18TH COURT RD
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: SELHOST, TONY
Address: 6655 SW 17TH TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete
Name: LEWIS, CARROLL
Address: 6800 S.W. 19TH TERR. RD.
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete
Name: RUBIN, HOLLY
Address: 6690 SW 18TH TERR RD
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CROSS, SCOTT
Address: 6696 SW 17TH TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: VP (X) Change ( ) Addition
Name: TRIGG, LANCE
Address: 6130 SW 21ST AVE RD
City-St-Zip: OCALA, FL 34474

Title: S (X) Change ( ) Addition
Name: MOSCOVITZ, NANCY
Address: 6135 SW 21ST AVE RD
City-St-Zip: OCALA, FL 34474

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: R. SCOTT CROSS T 01/19/2009
Electronic Signature of Signing Officer or Director Date