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

FILED May 09, 2008 8:00 am Secretary of State

05-09-2008 90007 038 ****61.25

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1. Entity Name SUMMER LAKES HOMEOWNERS ASSOCIATION, INC. 40100000 Principal Place of Business Mailing Address 920 THIRD STREET 920 THIRD STREET STE B STF B NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3712126 Not Applicable __Country --_ Zip __ _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, L. DENISE 920 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) SUITE B NEPTUNE BEACH, FL 32266 Zip Code FL 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 Agen) signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE TITLE Delete Change Addition Rosetta S. Bodewes KNOWLES, MARK A NAME NAME STREET ADDRESS 3840 CROWN POINT RD., STE. A STREET ADDRESS 2300 Red man Drive JACKSONVILLE, FL 32257 CITY-ST-ZIP CHTY-ST-ZIP Jacksonville FC 3221 TITLE Delete TITLE QV. Change ☐ Addition HOLLAND, BEVERLY J Brudford s. Myers NAME 3840 CROWN POINT RD., STE. A STREET ADDRESS STREET ADDRESS 8870 shell Island Drive CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jack sun ville FL TITLE Delete TITLE ☐ Addition France HART, CURTIS L Amber Buttrem NAME NAME 3840 CROWN POINT RD. SUITE A 8866 shell Istend STREET ADDRESS STREET ADDRESS Drive JACKSONVILLE, FL 32257 32214 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-7/P CITY-ST-ZIP

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: