
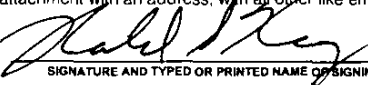


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90103 037 ****61.25

DOCUMENT # N00000003007 1. Entity Name SUMMIT EAST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317			Mailing Address 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3640058				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, FRED ESQ 101 E COLLEGE AVE TALLAHASSEE, FL 32302			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, RICHARD S		NAME	Richard S. Kearney	
STREET ADDRESS	2845 CERCY TRACE		STREET ADDRESS	6949 McBride Point	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BERNADETTE		NAME	Bernadette Kearney	
STREET ADDRESS	2845 CERCY TRACE		STREET ADDRESS	6949 McBride Point	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, JOHN		NAME	John Kearney	
STREET ADDRESS	3022 O'BRIEN DR		STREET ADDRESS	6996 McBride Point	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

4-20-06

850-219-5221