

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90146 012 ****61.25

DOCUMENT # N00000006499

1. Entity Name
SUMMER'S EDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 56 SPIRES LANE, E-17 SANTA ROSA BCH FL 32459	Mailing Address 56 SPIRES LANE, E-17 SANTA ROSA BCH FL 32459
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>The Association Office</i>	3. Mailing Address <i>The Association Office</i>
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Suite, Apt. #, etc. <i>#17A 56 Spires LN</i>	Suite, Apt. #, etc. <i>P.O. Box 1247</i>
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City & State <i>Santa Rosa Beach, FL</i>	City & State <i>Santa Rosa Beach, FL</i>
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4. FEI Number <i>59-3706016</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STENBERG, CINDY
56 SPIRES LANE, E-17
SANTA ROSA BCH FL 32459

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOKIS, RICHARD J 56 SPIRES LANE, E-17 SANTA ROSA BCH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMITH, WILLIAM 56 SPIRES LANE, E-17 SANTA ROSA BCH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, BRAD 56 SPIRES LANE, E-17 SANTA ROSA BCH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED Richard J Rookis 3-27-01 850 2678458*

CR2E037 (10/00)