


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 035 ****61.25

DOCUMENT # N00000006499			
1. Entity Name SUMMER'S EDGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business THE ASSOCIATION OFFICE #17A 56 SPIRES LANE SANTA ROSA BCH, FL 32459		Mailing Address THE ASSOCIATION OFFICE PO BOX 1247 SANTA ROSA BCH, FL 32459	
2. Principal Place of Business <i>THE ASSOCIATION OFFICE</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>7 TOWN CENTER LOOP C-16</i>		Suite, Apt. #, etc.	
City & State <i>SANTA ROSA BEACH, FL</i>		City & State	
Zip <i>32459</i>	Country <i>USA</i>	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	TD ROOKIS, RICHARD J 7 TOWN CENTER LOOP C-14 SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGIE BOUISSE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 77 PEACH TREE PLACE, STE 606 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKREN, CHRIS 9815 HWY 98 WEST, 210 GRANDVILLA DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENRY J. ALLEN 400 RAINBOW ROW CT. ALPHARETTA, GA 30022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHALEY, JANE 1 MILL POND ROAD TROY, AL 36079 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, JANE 1 MILL POND ROAD TROY, AL 36079 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUCKLE, JIM 245 NORHT MILL RD ATLANTA, GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCKLE, JIM 29 CHELSEA LOOP ROAD SANTA ROSA BCH, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLIN, JOHN 606 BAIN DR SE HUNTSVILLE, AL 35803 <input type="checkbox"/> Delete	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"/> Delete	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: <i>Jim Buckle</i>		Date: <i>4/22/05</i> Daytime Phone #: <i>850 267-8438</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			