

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90169 031 ****70.00

DOCUMENT # N00000006499

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



Principal Place of Business
**THE ASSOCIATION OFFICE
7 TOWN CENTER LOOP, C-16
SANTA ROSA BCH, FL 32459**

Mailing Address
**THE ASSOCIATION OFFICE
PO BOX 1247
SANTA ROSA BCH, FL 32459**

4000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3706016

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENBERG, CINDY
56 SPIRES LANE, E-17
SANTA ROSA BCH, FL 32459**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

IS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MIXE, JOHN**
STREET ADDRESS **5408 REDFIELD CIRCLE**
CITY-ST-ZIP **ONNWOODY, GA 30338**

TITLE **D** ☒ Change ☐ Addition
NAME **Mize, John**
STREET ADDRESS **5408 Redfield Circle**
CITY-ST-ZIP **Dunwoody, GA 30338**

TITLE **PD** ☒ Delete
NAME **ALLEN, HENRY J**
STREET ADDRESS **400 RAINBOW ROW CT**
CITY-ST-ZIP **ALPHARETTA, GA 30022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WHALEY, JANE**
STREET ADDRESS **1 MILL POND ROAD**
CITY-ST-ZIP **TROY, AL 36079**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **BUCKLE, JIM**
STREET ADDRESS **29 CHELSEA LOOP RD**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SUMBLIN, ANNE**
STREET ADDRESS **776 COUNTY RD 473**
CITY-ST-ZIP **KINSTON, AL 36453**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **McDaniel, Terry**
STREET ADDRESS **8638 E Villa Cassandra Dr.**
CITY-ST-ZIP **Scottsdale, AZ 85262**

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 the empowered.

SIGNATURE:

James W. Buckle **JAMES BUCKLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/07
Date

850 543 1717
Daytime Phone #