


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

00000000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3706016

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	MIXE, JOHN	5408 REDFIELD CIRCLE	ONNWOODY, GA 30338	<input type="checkbox"/>
PD	ALLEN, HENRY J	400 RAINBOW ROW CT	ALPHARETTA, GA 30022	<input checked="" type="checkbox"/>
VD	WHALEY, JANE	1 MILL POND ROAD	TROY, AL 36079	<input type="checkbox"/>
STD	BUCKLE, JIM	29 CHELSEA LOOP RD	SANTA ROSA BEACH, FL 32459	<input type="checkbox"/>
PD	SUMBLIN, ANNE	776 COUNTY RD 473	KINSTON, AL 36453	<input type="checkbox"/>
				<input type="checkbox"/>

11. IS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Mize, John	5408 Redfield Circle	Dunwoody, GA 30338	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
D	McDaniel, Terry	8638 E Villa Cassandra Dr.	Scottsdale, AZ 85262	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 information empowered.

SIGNATURE: James W. Buckle **JAMES BUCKLE** 04/22/07 850 543 1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #