
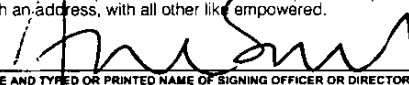


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 008 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3706016	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIPMAN, GARY A 1414 CO. HWY 283 SOUTH, SUITE B 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 _____ <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, 2008		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	<input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZE, JOHN			NAME	
STREET ADDRESS	5408 REDFIELD CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY, GA 30338			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, JANE			NAME	
STREET ADDRESS	1 MILL POND ROAD			STREET ADDRESS	
CITY-ST-ZIP	TROY, AL 36079			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLE, JIM			NAME	
STREET ADDRESS	29 CHELSEA LOOP RD			STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMBLIN, ANNE			NAME	
STREET ADDRESS	776 COUNTY RD 473			STREET ADDRESS	
CITY-ST-ZIP	KINSTON, AL 36453			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, TERRY			NAME	
STREET ADDRESS	8638 E. VILLA CASSANDRA DR			STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE, AZ 85262			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: 				Date: 4/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 334.565.3380	