

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 16, 2009  
Secretary of State

DOCUMENT# N00000006499

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

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE  
7 TOWN CENTER LOOP, C-16  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3706016      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPMAN, GARY A  
1414 CO. HWY 283 SOUTH, SUITE B  
SANTA ROSA BCH, FL 32459      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MIZE, JOHN  
Address: 5408 REDFIELD CIRCLE  
City-St-Zip: DUNWOODY, GA 30338

Title: D ( ) Delete  
Name: WHALEY, JANE  
Address: 1 MILL POND ROAD  
City-St-Zip: TROY, AL 36079

Title: D ( ) Delete  
Name: BUCKLE, JIM  
Address: 29 CHELSEA LOOP RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD ( ) Delete  
Name: SUMBLIN, ANNE  
Address: 776 COUNTY RD 473  
City-St-Zip: KINSTON, AL 36453

Title: VPD ( ) Delete  
Name: MCDANIEL, TERRY  
Address: 8638 E. VILLA CASSANDRA DR  
City-St-Zip: SCOTTSDALE, AZ 85262

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date