

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006499

FILED
Mar 31, 2011
Secretary of State

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 (X)**

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: PD
Name: MIZE, JOHN
Address: 5408 REDFIELD CIRCLE
City-St-Zip: DUNWOODY, GA 30338

Title: VPD
Name: SMITH, KIMBERLY
Address: 1244 BULOXI COURT
City-St-Zip: GRAYSON, GA 30017

Title: SD
Name: WILLETT, MARY
Address: 4319 WOOD CREEK DRIVE
City-St-Zip: MARIETTA, GA 30062

Title: D
Name: LEE, VICKI
Address: 1221 ORANGE STREET
City-St-Zip: NEW ORLEANS, LA 70130

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

Title: TD
Name: DINGLEDEY, THOMAS
Address: 5553 LAKES EDGE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

I hereby 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 all other like empowered.

SIGNATURE: JOHN MIZE

PD

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date