

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90398 015 *****61.25

DOCUMENT # N00000006499



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

Principal Place of Business Mailing Address
THE ASSOCIATION OFFICE **THE ASSOCIATION OFFICE**
#17A 56 SPIRES LANE **PO BOX 1247**
SANTA ROSA BCH FL 32459 **SANTA ROSA BCH FL 32459**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3706016** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 reinstating)

FILE NOW: FEE IS \$61.25

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROOKIS, RICHARD J	
STREET ADDRESS	56 SPIRES LANE, E-17	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	56 SPIRES LANE, E-17	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAUCHAMP, BRAD	
STREET ADDRESS	56 SPIRES LANE, E-17	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	Gordon Van Mol	
STREET ADDRESS	164 Tanner Bluff	
CITY-ST-ZIP	Athens, GA 30606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Van Mol	
STREET ADDRESS	164 Tanner Bluff	
CITY-ST-ZIP	Athens, GA 30606	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Buckle	
STREET ADDRESS	245 North Mill Rd	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Stricklin	
STREET ADDRESS	606 Bain Dr SE	
CITY-ST-ZIP	Huntsville, AL 35803-1130	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **[Signature]** Rookis Pres Date: **4-11-03** Daytime Phone #: **850-267-8458**

CR2E037 (10/02)