

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 033 ****61.25

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02142006 Chg-NP CR2E037 (11/05)

DOCUMENT # N01000003623					
1. Entity Name SUMMERTON SOUTH HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2605 SW 33RD STREET BLDG. 200 OCALA, FL 34474			Mailing Address PO BOX 2495 OCALA, FL 34478		
2. Principal Place of Business 5020 SE 40th St		3. Mailing Address PO BOX 830702			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 59-3741579	
Zip 34480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKPATRICK, KENNETH 2605 SW 33RD ST OCALA, FL 34474			7. Name and Address of New Registered Agent Name: Kevin Holland Street Address (P.O. Box Number is Not Acceptable): 5020 SE 40th St City: Ocala FL Zip Code: 34480		
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: 2/21/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME DRAVER, WAYNE STREET ADDRESS 5070 SE 39TH LOOP CITY-ST-ZIP OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Kevin Holland STREET ADDRESS 5020 SE 40th St CITY-ST-ZIP Ocala FL 34480	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HOMAN, WANDA STREET ADDRESS 5264 SE 39TH LOOP CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE SD NAME Jaysen Thorpe STREET ADDRESS 5235 SE 39th Loop CITY-ST-ZIP Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SDR NAME MORKEN, GREG W STREET ADDRESS 5262 SE 39TH LOOP CITY-ST-ZIP OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE Member NAME John Albright STREET ADDRESS 5204 SE 39th Loop CITY-ST-ZIP Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Member at Large NAME Mark Schieter STREET ADDRESS 5350 SE 39th Loop CITY-ST-ZIP Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Member at Large NAME Brian Shannon STREET ADDRESS 5095 SE 39th Loop CITY-ST-ZIP Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Member at Large NAME Terry Potter STREET ADDRESS 4101 SE 53rd Ct CITY-ST-ZIP Ocala, FL 34480	<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 like empowered.					
SIGNATURE:			DATE: 2/21/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAYTIME PHONE #: (352) 207-5475		