

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90045 022 ****61.25

DOCUMENT # N01000003623											
1. Entity Name SUMMERTON SOUTH HOMEOWNER'S ASSOCIATION, INC.											
Principal Place of Business 5020 SE 40TH ST OCALA, FL 34480			Mailing Address PO BOX 830702 OCALA, FL 34478								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country	4. FEI Number 59-3741579							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent HOLLAND, KEVIN 5020 SE 40TH ST OCALA, FL 34480			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name Mark Schiefer </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 5356 SE 39th Loop </td> </tr> <tr> <td style="padding: 5px;"> City Ocala </td> <td style="padding: 5px;"> Zip Code FL 34480 </td> </tr> </table>			Name Mark Schiefer		Street Address (P.O. Box Number is Not Acceptable) 5356 SE 39th Loop		City Ocala	Zip Code FL 34480
Name Mark Schiefer											
Street Address (P.O. Box Number is Not Acceptable) 5356 SE 39th Loop											
City Ocala	Zip Code FL 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: <u>Mark Schiefer</u> <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 PD NAME HOLLAND, KEVIN STREET ADDRESS 5020 SE 40TH ST CITY-ST-ZIP OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE MAL NAME Charles Tanner STREET ADDRESS 3883 SE 51st Court CITY-ST-ZIP Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE S NAME SCHIEFER, PATRICIA STREET ADDRESS 5356 SE 39TH LOOP CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE MAL NAME ALBRIGHT, JOHN STREET ADDRESS 5204 SE 39TH LP CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE MAL NAME SCHIEFER, MARK STREET ADDRESS 5356 SE 39TH LP CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE MAL NAME SHANNON, BRIAN STREET ADDRESS 5095 SE 39TH LP CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE T NAME HOMAN, WANDA STREET ADDRESS 5265 SE 39TH LOOP CITY-ST-ZIP OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE T NAME Terri Albright STREET ADDRESS 5204 SE 39th loop CITY-ST-ZIP Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input 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: <u>Mark Schiefer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											
<small>Date</small>				<small>Daytime Phone #</small>							