

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003623

FILED  
Feb 01, 2009  
Secretary of State

**Entity Name:** SUMMERTON SOUTH HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5020 SE 40TH ST  
OCALA, FL 34480

**New Principal Place of Business:**

5356 SE 39TH LOOP  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 830702  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3741579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIEFER, MARK  
5356 SE 39TH LOOP  
OCALA, FL 34480 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: MAL ( ) Delete  
Name: TANNER, CHARLES  
Address: 3883 SE 51ST COURT  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: SCHIEFER, PATRICIA  
Address: 5356 SE 39TH LOOP  
City-St-Zip: OCALA, FL 34480

Title: MAL ( ) Delete  
Name: ALBRIGHT, JOHN  
Address: 5204 SE 39TH LP  
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete  
Name: SCHIEFER, MARK  
Address: 5356 SE 39TH LP  
City-St-Zip: OCALA, FL 34480

Title: MAL ( ) Delete  
Name: SHANNON, BRIAN  
Address: 5095 SE 39TH LP  
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete  
Name: ALBRIGHT, TERRI  
Address: 5204 SE 39TH LOOP  
City-St-Zip: OCALA, FL 34480

**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:

Title: T (X) Change ( ) Addition  
Name: ITANI, RACHEL  
Address: 5336 SE 39TH LOOP  
City-St-Zip: OCALA, FL 34480

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: MARK SCHIEFER

PRES

02/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date