2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2011
Secretary of State

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

Current Principal Place of Business:

5356 SE 39TH LOOP
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

PO BOX 830702
OCALA, FL 34478

New Mailing Address:

PO BOX 830702
OCALA, FL 34483

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
Name: TANNER, CHARLES
Address: 3883 SE 51ST COURT
City-St-Zip: OCALA, FL 34480

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

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

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

Title: MAL
Name: HOMAN, JAMES S
Address: 5265 SE 39TH LOOP
City-St-Zip: OCALA, FL 34480

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

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: MARK SCHIEFER MR. 01/22/2011
Electronic Signature of Signing Officer or Director Date