

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003981

FILED
Apr 08, 2009
Secretary of State

Entity Name: SUMMERDALE TOWNHOMES AT COUNTRYSIDE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

620 BYPASS DRIVE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

620 BYPASS DRIVE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3709669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANAGROSSI, JERRY
C/O BAY AREA MANAGEMENT SERVICES
620 BYPASS DRIVE
CLEARWATER, FL 33764 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: PD () Delete
Name: RABIH, DAVID
Address: 2521 NEWBER DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: TSD () Delete
Name: HABEL, THOMAS
Address: 2527 NEWBERN DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: JONES, MARIAN
Address: 2815 NEWBERN DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMASSON, THOMAS
Address: 2514 NEWBER DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: TSD (X) Change () Addition
Name: JENNINGS, SUSAN
Address: 2792 NEWBERN WAY
City-St-Zip: CLEARWATER, FL 33761

Title: VP (X) Change () Addition
Name: TOKARSKI, CHRISTINE
Address: 2515 NEWBERN DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Change (X) Addition
Name: FEKETE, MARY ANN
Address: 2795 NEWBERN WAY
City-St-Zip: CLEARWATER, FL 33761

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: GERALD T. PANAGROSSI

LCAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date