FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT
1994 - 98

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01132 (2)

1. Corporation Name
SUMMERWOOD ROADOWNERS MAINTENANCE ASSOCIATION. I NC.

Mailing Address	Principal Place of Business
~~%J. VERN WILLIAMS~~	~~%J. VERN WILLIAMS~~
~~RT 4 BOX 6859~~	~~RT 4 BOX 6859~~
~~CRAWFORDVILLE FL 32327~~	~~CRAWFORDVILLE FL 32327~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 Summerwood Road Owners Maintenence Assoc., Inc.	26 Summerwood Roadowners Maintenence Assoc., Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 2 Summerwood Dr.	27 2 Summerwood Dr.
City & State	City & State
23 Crawfordville, FL	28 Crawfordville, FL
Zip / Country	Zip / Country
24 32327 / 25 Wakulla	29 32327 / 30 Wakulla

3. Date Incorporated or Qualified: 01/27/1984
3a. Date of Last Report: 07/16/1993

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required [ ]

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee [X]

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

~~NUNNERY JAMES W.~~
~~ROUTE 4 BOX 6883~~
~~CRAWFORDVILLE FL 32327~~

10. Name and Address of New Registered Agent

81 Name: Summerwood Roadowner's Maintenence Assoc, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 90 Linda Gary
83 39 Cactus Lane
84 City: Crawfordville FL 85 Zip Code: 32327

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: [signature] Linda Gary, President DATE: 4-24-98
(Registered Agent Accepting Appointment) (NOTE: Required if Agent is other than current registered agent on file)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	~~V/D~~	1.1 TITLE	V/D
1.2 NAME	~~NUNNERY JAMES W.~~	1.2 NAME	Tammy Stringer
1.3 STREET ADDRESS	~~RT. 4 BOX 6883~~	1.3 STREET ADDRESS	152 Hollywood Way
1.4 CITY-ST-ZIP	~~CRAWFORDVILLE FL~~	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
2.1 TITLE	~~T/D~~	2.1 TITLE	T/D
2.2 NAME	~~VAUSE WILLIAM T.~~	2.2 NAME	Robin Smith
2.3 STREET ADDRESS	~~P.O. BOX 6883~~	2.3 STREET ADDRESS	84 Redbud Lane
2.4 CITY-ST-ZIP	~~CRAWFORDVILLE FL~~	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
3.1 TITLE	~~P/D~~	3.1 TITLE	P/D
3.2 NAME	~~MOORE WILLIAM~~	3.2 NAME	Linda Gary
3.3 STREET ADDRESS	~~RT 4 BOX 6887~~	3.3 STREET ADDRESS	39 Cactus Lane
3.4 CITY-ST-ZIP	~~CRAWFORDVILLE FL~~	3.4 CITY-ST-ZIP	Crawfordville, FL 32327
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT 94-98
9. afann
3/31/98

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin M Smith Robin M. Smith 3-24-98 681-6416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #