


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 036 ****61.25

DOCUMENT # N02000008599 1. Entity Name SUMMERS ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SPECIALISTS 4400 NW 36 AVE. GAINESVILLE, FL 32606			Mailing Address MANAGEMENT SPECIALISTS 4400 NW 36 AVE. GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 22-3885586	
Zip 32607		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36 AVE. GAINESVILLE, FL 32606			
7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite Suite 3 City Gainesville FL Zip Code 32607		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><i>Shirley Martin, Pres.</i></u> DATE <u>4-19-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	P TERRY, CAIG 7636 NW 38 PLACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL MARTIN 361 Sterling Ter. High Springs FL 32643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BING, TERRYANCE PO BOX 2595 HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brandy Mincey PO Box 3061 High Springs FL 32655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILMER, NANCY 6608 NW 136 ST. GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Mitch Rhodes 2908 Barrett Ave Plant City FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCEY, ALLAN PO BOX 3061 HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick Peden 6445 E. Malverne St. Inverness FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMRICK, DONALD 2413 NW 170 ST NEWBERRY, FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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><i>S. Peden</i></u> DATE <u>4-29-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					