

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009543

FILED
Jan 04, 2006
Secretary of State

Entity Name: SUMMER RIDGE HOMEOWNERS. ASSOCIATION, INC.

Current Principal Place of Business:

60 RIDGE RD
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1693
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: 54-2086033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, JAMES P
60 RIDGE RD
SANTA ROSA BCH, FL 32459 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: DP () Delete
Name: BENSON, JAMES P
Address: P.O.BOX 1693
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DST () Delete
Name: BENSON, SUZETTE
Address: P.O.BOX 1693
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DV () Delete
Name: MCCARY, MARK T
Address: 5028 BRUCE PL
City-St-Zip: EDINA, MN 55424

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P. BENSON

DP

01/04/2006

Electronic Signature of Signing Officer or Director

Date