

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009974

FILED
Apr 27, 2005
Secretary of State

Entity Name: TOWNHOMES OF SUMMERFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10033 9TH ST. N.
2ND FLOOR
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10033 9TH ST. N.
2ND FLOOR
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 11-3679977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPART PROPERTIES, INC.
10033 9TH ST. NORTH
2ND FLOOR
ST. PETERSBURG, FL 33716 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: VALENTI, BETTY D
Address: 10033 9TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VD () Delete
Name: HAYDON, THAYER
Address: 10033 9TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TD () Delete
Name: THOMPSON, I. CLAY III
Address: 10033 9TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOWENHOVEN, BILL D
Address: 10033 9TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VD (X) Change () Addition
Name: LYONS, JOHN
Address: 10033 9TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TD (X) Change () Addition
Name: METHENY, MARK
Address: 10033 9TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL KOWENHOVEN

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date