2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2008 8:00 am
Secretary of State
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01242008 Chg-NP CR2E037 (12/06)

DOCUMENT # N02410

1. Entity Name
SUMMERWIND ROADOWNERS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUMMERWIND CR. PO BOX 742 WOODVILLE, FL 32362	SUMMERWIND CR. PO BOX 742 WOODVILLE, FL 32362

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2961589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional – Fee Required

6. Name and Address of Current Registered Agent

SENTMAN, SUSAN
293 SUMMERWIND CIRCLE N
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GIRVEN, JAN 46 BLUEBERRY LANE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jan Girven 46 Blueberry Ln. Crawfordville, Fl 32327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOUTHALL, CELYNNA 81 SUMMERLAND CIRCLE N CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Celynna Southall Vice President 81 Summerwind Cir N Crawfordville, Fl 32327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SENTMAN, SUSAN 293 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Sentman 293 Summerwind Circle N Crawfordville, Fl 32327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'STEEN, BETTY 112 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ernest Poole 42 Hudson Lane Crawfordville, Fl 32327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIERS, ED Ed Biers 31 BLUEBERRY LANE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/Blueberry Ln Crawfordville, Fl ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORESTER, MARIANNE 51 BLUEBERRY LANE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pam Cayce 128 Hudson Lane Crawfordville, Fl 32327 ☐ Change ☐ 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: Susan Sentman 3/27/08 421-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #