

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02410

FILED
Jun 22, 2009
Secretary of State

Entity Name: SUMMERWIND ROADOWNERS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

SUMMERWIND CR.
PO BOX 742
WOODVILLE, FL 32362

New Principal Place of Business:

SUMMERWIND CR.
16 SUMMERWIND CIRCLE W
CRAWFORDVILLE, FL 32327

Current Mailing Address:

SUMMERWIND CR.
PO BOX 742
WOODVILLE, FL 32362

New Mailing Address:

FEI Number: 59-2961589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SENTMAN, SUSAN
293 SUMMERWIND CIRCLE N
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: GIRVEN, JAN
Address: 46 BLUEBERRY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: SOUTHALL, CELYNNA
Address: 81 SUMMERLAND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: SENTMAN, SUSAN
Address: 293 SUMMERWIND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: O'STEEN, BETTY
Address: 112 SUMMERWIND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BIERS, ED
Address: 31 BLUEBERRY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANGER, RODNEY
Address: 16 SUMMERWIND CIRCLE W.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V (X) Change () Addition
Name: GURR, BRIAN
Address: 254 SUMMERWIND CIRCLE N.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SOUTHALL, CELYNNA
Address: 81 SUMMERWIND CIRCLE N
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: CAYA, PAMEL
Address: 128 HUDSON LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA CAYA

T

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date