


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90025 019 ****61.25

DOCUMENT # N03000004776					
1. Entity Name SUMMER PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 1111 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548 US			Mailing Address P O BOX 2613 FORT WALTON BEACH, FL 32549 US		
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		Country		4. FEI Number 20-0046439	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOWNER, ROBERT D 222 ECHO CIRCLE FORT WATLON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Aaron K. Webber Street Address (P.O. Box Number is Not Acceptable) 29C Miracle Strip Pkwy SW City Fort Walton Beach FL Zip Code 32548	
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>Aaron K. Webber</i></u> <u><i>[Signature]</i></u> <u>1-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KIM		NAME		
STREET ADDRESS	4745 SPRING PARK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SWUANEE, GA 30024		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CHESTER		NAME		
STREET ADDRESS	1645 OTTER LAKE LOOP		STREET ADDRESS		
CITY-ST-ZIP	HANSON, KY 42413		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENNINGS, FRANK		NAME		
STREET ADDRESS	70 OLD MOLIONO RD		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE, TN 37334		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGES, MICHAEL		NAME	Richard McDaniel	
STREET ADDRESS	659 RED BARK COVE		STREET ADDRESS	1170 Buckhead Drive	
CITY-ST-ZIP	COLLIERVILLE, TN 38017		CITY-ST-ZIP	Greensboro, GA 30642	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, DAVID		NAME	Bary Crews	
STREET ADDRESS	8860 LAKEWOOD DR		STREET ADDRESS	4502 Pottery Place	
CITY-ST-ZIP	BROWNWOOD, TX 76801		CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Debbie Towne</i></u> <u><i>Assoc Mgr</i></u>			1-21-08 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		