

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004776

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: SUMMER PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 SANTA ROSA BLVD  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2613  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

FEI Number: 20-0046439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBBERY, AVON K  
29C MIRACLE STRIP PKWY SW  
32548  
FORT WATLON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

RDF ASSOCIATES INC.  
29C MIRACLE STRIP PKWY SW  
FORT WATLON BEACH, FL 32548 US

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: AARON WEBBER

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, KIM  
Address: 4745 SPRING PARK CIRCLE  
City-St-Zip: SWUANEE,, GA 30024 US

Title: VP ( ) Delete  
Name: THOMAS, CHESTER  
Address: 1645 OTTER LAKE LOOP  
City-St-Zip: HANSON, KY 42413 US

Title: ST ( ) Delete  
Name: JENNINGS, FRANK  
Address: 70 OLD MOLIONO RD  
City-St-Zip: FAYETTEVILLE, TN 37334 US

Title: D ( ) Delete  
Name: CREWS, GARY  
Address: 4502 POTTERY PLACE  
City-St-Zip: DESTIN, FL 32541 US

Title: D ( ) Delete  
Name: MCDANIEL, RICHARD  
Address: 1170 BUCKHEAD DRIVE  
City-St-Zip: GREENSBORO, GA 30642

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CHESTER, THOMAS  
Address: 1645 OTTER LAKE LOOP  
City-St-Zip: HANSON, KY 42413 US

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 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: AARON WEBBER

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date