

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