2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# N03000006709

Entity Name: SUMMERBROOKE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1357 NE 51ST LOOP
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

1357 NE 51ST LOOP
OCALA, FL 34479

New Mailing Address:

FEI Number: 34-2013139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETRUCELLI, JOHN
1357 NE 51ST LOOP
OCALA, FL 34479 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: D ( ) Delete
Name: OSTERBRINK, LARRY
Address: 5220 NE 14TH COURT
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: CONNER, DWAYNE
Address: 5210 NE 11TH AVE
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: HOPKINS, MICHAEL
Address: 5240 NE 11TH AVE
City-St-Zip: OCALA, FL 34479

Title: P ( ) Delete
Name: PETRUCELLI, JOHN
Address: 1357 NE 51ST LOOP
City-St-Zip: OCALA, FL 34479

Title: VP ( ) Delete
Name: WHITE, DIANE
Address: 1253 NE 51ST LOOP
City-St-Zip: OCALA, FL 34479

Title: T ( ) Delete
Name: SCHOFIELD, BONNIE
Address: 1189 NE 51ST PL
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: BONNIE SCHOFIELD T 01/20/2007

Electronic Signature of Signing Officer or Director — Date