

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006709

FILED  
Sep 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1426 NE 51ST LOOP  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

1426 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 ( )**  
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:**

TENTERS, STANLEY  
1426 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, PATRICIA  
Address: 5220 NE 14TH COURT  
City-St-Zip: OCALA, FL 34479

Title: S ( ) 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: TENTERS, STANLEY  
Address: 1426 NE 51ST LOOP  
City-St-Zip: OCALA, FL 34479

Title: VP ( ) Delete  
Name: GIBSON, CLAY  
Address: 1261 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 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

TRES

09/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date