

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

01-29-2004 90105 010 ****61.25

DOCUMENT # N03000007748	
1. Entity Name SUMMER POINTE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 411 N. WASHINGTON STREET P.O. DRAWER 579 PERRY, FL 32347	Mailing Address 411 N. WASHINGTON STREET P.O. DRAWER 579 PERRY, FL 32347
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bb402347



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-NP CR2E037 (10/03)

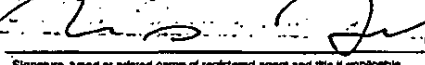
4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH, MICHAEL S 411 NORTH WASHINGTON STREET PERRY, FL 32347	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 1/28/04
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	JACKSON, FRANK D
STREET ADDRESS	1845 BRANDON HALL DRIVE
CITY-ST-ZIP	ATLANTA, GA 30350
TITLE	☐ Delete
NAME	GRINER, RAMONA
STREET ADDRESS	610 N.E. 2ND STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	GRINER, RAMONA
STREET ADDRESS	201 SE 2nd Ave., USS# 306
CITY-ST-ZIP	Gainesville, FL 32601
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	DATE 1/28/04	Daytime Phone # 850-584-3812
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