


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90027 011 ****61.25

DOCUMENT # N03000007748 1. Entity Name SUMMER POINTE HOMEOWNERS ASSOCIATION, INC.	
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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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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2443832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, MICHAEL S 411 NORTH WASHINGTON STREET PERRY, FL 32347	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, FRANK D 1845 BRANDON HALL DRIVE ATLANTA, GA 30350	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINER, RAMONA 201 SE 2ND AVE., USS# 306 GAINESVILLE, FL 32601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Michael S. Smith** **2/7/07** **(850) 584-3812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #