

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007748

FILED
Apr 27, 2009
Secretary of State

Entity Name: SUMMER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

411 N. WASHINGTON STREET
P.O. DRAWER 579
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

411 N. WASHINGTON STREET
P.O. DRAWER 579
PERRY, FL 32347

New Mailing Address:

FEI Number: 56-2443832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MICHAEL S
411 NORTH WASHINGTON STREET
PERRY, FL 32347 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: JACKSON, FRANK D
Address: 1845 BRANDON HALL DRIVE
City-St-Zip: ATLANTA, GA 30350

Title: D (X) Delete
Name: GRINER, RAMONA
Address: 201 SE 2ND AVE., USS# 306
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACKSON, FRANK D
Address: 4701 THE SOVEREIGN, 3344 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326

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: FRANK D. JACKSON

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date