2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N03000008776

Entity Name: SUMMERGLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5018 GREENBROOK LN
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

PO BOX 5284
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-0310265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOT, KAY
5018 GREENBROOK LANE
LAKELAND, FL 33811 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:	DS	( ) Delete
Name:	GREGG, MATT	
Address:	3644 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	
Title:	DVP	( ) Delete
Name:	EDWARDS, TODD	
Address:	3676 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	
Title:	DST	( ) Delete
Name:	GREGG, MATT	
Address:	3644 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	
Title:	DT	( ) Delete
Name:	KACHADURIAN, CHRISTIN	
Address:	3613 FRENTRESS DR.	
City-St-Zip:	LAKELAND, FL 33812	
Title:	D	( ) Delete
Name:	MACALADY, MICHAEL	
Address:	3657 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	
Title:	D	( ) Delete
Name:	TRENT, ROBERT	
Address:	3665 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	GREGG, MATT	
Address:	3644 FRENTRESS DR	
City-St-Zip:	LAKELAND, FL 33812	
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: MICHAEL LYONS DP 02/25/2009

Electronic Signature of Signing Officer or Director — Date