2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

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1. Entity Name SOUTH COVE AT SUMMERFIELD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40046847 STERLING MAINT 2870 SCHERER DR. N SUITE 100 SUITE 100 SAINT PETERSBURG, FL 33716 SAINT PETERSBURG, FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2870 SCHERER DR. Sterling MAMT Suite, Apt. #, etc. Suite, Apt. #, etc 01112008 Chg-NP CR2E037 (12/06) SUITE SUITE 100 100 4. FEI Numb Applied For City & State City & State 20-0982442 Not Applicable ST. PETERSBUR ST. PETERSBURG Country Country \$8.75 Additional Zio Zip 5. Certificate of Status Desired 33716 33716 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUDNY MICHAEL BRUONY MICHAEL ddress (P.O. Box Number is Not Acceptable) 200 N PINE AVE. STE A PINE AVE. N. TAMPA, FL 33602 Zip Code 34677 OLDSMAR 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 Signature, typed or printed name of regist (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITI F TITLE ☐ Delete WOODEN, HOWARD NAME NAME STREET ADDRESS 11568 MISTY ISLE LN STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE DICKEY, ERIC NAME NAME 11544 MISTY ISLE LN STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITI F TITLE NEALLY, MICHELE NAME STREET ADDRESS 13220 EVENING SUNSET LN STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE X Delete TITLE Change ■ Addition RICHARD O' BRIEN CALDWELL, MICHAEL NAME NAME 11461 MISTY TSLE W. 13231 EVENING SUNSET LN STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 🔼 Delete TITLE FREDERICK LAUPER JASPER DAVID NAME NAME 11620 TROPICAL ISLE CN 11443 MISTY ISLE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP RIVERVIEW. FL ☐ Change Addition ☐ Delete TITLE TITLE ENGLISH, TOM NAME NAME 11616 TROPICAL ISLE LN STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP

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

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