

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002931

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** SUMMER SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O STERLING MGMT  
2870 SCHERER DR SUITE 100  
SAINT PETERSBURG, FL 33706

**New Principal Place of Business:**

C/O STERLING MGMT  
2870 SCHERER DR SUITE 100  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

C/O STERLING MGMT  
2870 SCHERER DR SUITE 100  
SAINT PETERSBURG, FL 33706

**New Mailing Address:**

C/O STERLING MGMT  
2870 SCHERER DR SUITE 100  
SAINT PETERSBURG, FL 33716

FEI Number: 56-2457194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COTTERILL, RON  
1010 N. FLORIDA AVE.  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

BRUDNY, MICHAEL J  
200 N. PINE AVE.  
SUITE A  
OLDSMAR, FL 34677 US

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: MICHAEL J. BRUDNY

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASEY, DORIS  
Address: 11736 SUMMER SPRING DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP ( ) Delete  
Name: CONTOS, STACY  
Address: 11737 SUMMER SPRINGS DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: T ( ) Delete  
Name: GREENE, BRIAN  
Address: 12820 CATTAC SHORE LANE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REID, SARAH  
Address: 11765 SUMMER SPRING DR.  
City-St-Zip: RIVERVIEW, FL 33579

Title: VP (X) Change ( ) Addition  
Name: JAGDEO, BHARAT  
Address: 11759 SUMMER SPRINGS DR.  
City-St-Zip: RIVERVIEW, FL 33579

Title: T (X) Change ( ) Addition  
Name: DOTTELLIS, ALEXANDRA  
Address: 11740 SUMMER SPRINGS DR.  
City-St-Zip: RIVERVIEW, FL 33579

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: NICHOLAS KARISTINOS

LCAM

04/20/2009

Electronic Signature of Signing Officer or Director

Date