

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000007476					
1. Entity Name SUMMERGATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683			Mailing Address 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 4902 Eisenhower Blvd		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
Suite, Apt. #, etc. <i>216</i>		Suite, Apt. #, etc. <i>Same</i>			
City & State Florida		City & State Florida		4. FEI Number 20-5383372	
Zip 33634		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, JACK B MELROSE-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name: Wade Meyer REALMANAGE LLC Street Address (P.O. Box Number is Not Acceptable): 4902 Eisenhower Blvd, Ste 216 City: Tampa FL Zip Code: 33634		
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: <i>Wade Meyer</i>		SIGNATURE: <i>Wade Meyer</i>		DATE: 7/28/08	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUMORE, STEVE 1210 SUMMERGATE DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500134020655 08/06/08--01014--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, BEN 1229 SUMMERGATE DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKES, CHERYL 1223 SUMMERGATE DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, MARVALENE 1534 SUMMERGATE DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kenneth Yager 1225 SummerGate Dr. Valrico FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
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: <i>Steve Rumore</i>			DATE: 7/28/08 813.888.4911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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CLERK OF STATE
TALLAHASSEE, FLORIDA



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