2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N04000007476

Entity Name: SUMMERGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-5383372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYERS, WADE
OF REALMANAGE, LLC.
4902 EISENHOWER BLVD, SUITE 216
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

WADE MYERS, REALMANAGE, LL
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 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: WADE MYERS 01/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUMORE, STEVE
Address: 1210 SUMMERGATE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: CRAWFORD, BEN
Address: 1229 SUMMERGATE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: HAWKES, CHERYL
Address: 1223 SUMMERGATE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: KING, MARVALENE
Address: 1534 SUMMERGATE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: YAGER, KENNETH
Address: 1225 SUMMERGATE DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEVE RUMORE PD 01/20/2009
Electronic Signature of Signing Officer or Director Date