2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N04000011529

Entity Name: SUMMERCAMP COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3800 ESPLANADE WAY STE 100
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500 ATTN LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVENUE SUITE 500
ATTN LEGAL DEPT - LEGAL DEPT
JACKSONVILLE, FL 32202

FEI Number: 20-2115995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVE STE 500
JACKSONVILLE, FL 32202 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: ELLIOTT, LORI
Address: 3800 ESPLANADE WAY STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: DP ( ) Delete
Name: FLIPPEN, SHAW
Address: 130 FACILITY DRIVE
City-St-Zip: ST. TERESA, FL 32358

Title: DV ( ) Delete
Name: GROENIGER, PAT
Address: 3800 ESPLANADE WAY STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: D (X) Delete
Name: FENNELLY, SEAN
Address: 130 FACILITY DRIVE
City-St-Zip: ST. TERESA, FL 32358

Title: D (X) Delete
Name: O'NEILL, DES
Address: 130 FACILITY DRIVE
City-St-Zip: ST. TERESA, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ELLIOTT, LORI
Address: 3800 ESPLANADE WAY STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: P (X) Change ( ) Addition
Name: FLIPPEN, SHAW M JR
Address: 3800 ESPLANADE WAY STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: V (X) Change ( ) Addition
Name: STROHL, DEAN
Address: 3800 ESPLANADE WAY STE 100
City-St-Zip: TALLAHASSEE, FL 32311

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: LORI ELLIOTT S 04/27/2007

Electronic Signature of Signing Officer or Director — Date