2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011529

Entity Name: SUMMERCAMP COMMUNITY ASSOCIATION, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3800 ESPLANADE WAY STE 100 TALLAHASSEE, FL 32311

Current Mailing Address: 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: Name and Address of New Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVE STE 500
JACKSONVILLE, FL 32202 US

MARX, CHRISTINE M
245 RIVERSIDE AVE
SUITE 500

JACKSONVILLE, FL 32202 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: 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P () Delete Title: D-P (X) Change () Addition

 Name:
 FLETCHER, LÁRRY
 Name:
 WEIR, WILLIAM W

 Address:
 3800 ESPLANADE WAY STE 100
 Address:
 3800 ESPLANADE WAY, STE 100

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 TALLAHASSEE, FL 32311

Title: D-VP () Delete Title: D-VP (X) Change () Addition

Name: ELLIOT, LORI Name: FLETCHER, LARRY

Address: 3800 ESPLANADE WAY STE 100 Address: 3800 ESPLANADE WAY, STE 100

City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32311

Title: D-ST () Delete Title: D-S (X) Change () Addition

Name: VENABLE, SHANNON Name: ELLIOT, LORI

 Address:
 108 SEA PINE DRIVE
 Address:
 3800 ESPLANADE WAY, STE 100

 City-St-Zip:
 ST. TERESA, FL 32358
 City-St-Zip:
 TALLAHASSEE, FL 32311

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 JONES, PHILIP B

 Address:
 Address:
 245 RIVERSIDE AVENUE, SUITE 500

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

City-3F2p. JACKSONVILLE, TE 32202

Name: CHILDERS, DAVID F III

Address: 245 RIVERSIDE AVENUE, SUITE 500

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

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: LARRY FLETCHER D-VP 04/09/2009