

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011529

FILED
Apr 28, 2010
Secretary of State

Entity Name: SUMMERCAMP COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3800 ESPLANADE WAY STE 100
TALLAHASSEE, FL 32311

New Principal Place of Business:

3800 ESPLANADE WAY
SUITE 100
TALLAHASSEE, FL 32311

Current Mailing Address:

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

New Mailing Address:

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
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

THE ST. JOE COMPANY
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: REECE B. ALFORD, AS ITS SECRETARY

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D-P
Name: WEIR, WILLIAM W
Address: 3800 ESPLANADE WAY, STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: D-VP
Name: FLETCHER, LARRY
Address: 3800 ESPLANADE WAY, STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: D-S
Name: ELLIOTT, LORI
Address: 3800 ESPLANADE WAY, STE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: T
Name: JONES, PHILIP B
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: AT
Name: CHILDERS, DAVID F III
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: AT
Name: CONNOLLY, JANNA L
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM W. WIER

D-P

04/28/2010

Electronic Signature of Signing Officer or Director

Date