


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011697		
1. Entity Name SUMMERCHASE CONDOMINIUMS ASSOCIATION, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 28 PM 4:59

Principal Place of Business 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	Mailing Address 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301
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2. Principal Place of Business 3968 N. Monroe St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 180657 Suite, Apt. #, etc.
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08282006 Chg-NP CR2E037 (4/06)

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number NOT APPLICABLE 65-1249075	Applied For Not Applicable
Zip 32303	Country USA	Zip 32318	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, DOUGLAS E 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name LeAnn Sbordone Street Address (P.O. Box Number is Not Acceptable) Homeowners Association Services 3968 N. Monroe St. City Tallahassee FL Zip Code 32303	
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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 <u>LeAnn Sbordone, Community Manager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>8-28-06</u> <small>(NOTE: Registered Agent signature required when reinstating.)</small>

Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, DOUG 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000797307015 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/12/06--01064--013 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'REILLY, JOHN 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIDGES, DARON 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.D. LeAnn Sbordone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 180657 Tallahassee, FL 32318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>LeAnn Sbordone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>8-28-06</u> DAYTIME PHONE # <u>850-562-8708</u>