2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011697

FILED Apr 30, 2007 Secretary of State

Entity Name: SUMMERCHASE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3968 N.MONROE ST. 431 WAVERLY ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** P.O.BOX 180657 431 WAVERLY ROAD TALLAHASSEE, FL 32318 TALLAHASSEE, FL 32312 FEI Number: 65-1249075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SBORDONE, LEANN ISAACS, DAN L HOMEOWNERS ASSOCIATION SERVICES 431 WAVERLY ROAD 3968 N.MONROE STREET TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32308 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: DAN LEE ISAACS 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TURNER, DOUG Name: Name: 508-A CAPITAL CIRCLE SE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition Name: O'REILLY, JOHN Name: Address: 508-A CAPITAL CIRCLE SE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: DS () Delete Title: () Change () Addition BRIDGES, DARON Name: Name: 508-A CAPITAL CIRCLE SE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: MD (X) Delete Title: () Change () Addition SBORDONE, LEANN Name: Name: Address: P.O BOX 180657 Address: TALLAHASSEE, FL 32318 City-St-Zip: 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: DOUG TURNER P 04/30/2007