2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N04620

Entity Name: THE SUMMIT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8743 THOMAS DRIVE
PANAMA CITY BCH., FL 324084012

New Principal Place of Business:

Current Mailing Address:

8743 THOMAS DRIVE
PANAMA CITY BCH., FL 324084012

New Mailing Address:

FEI Number: 59-2462372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE.
PANAMA CITY, FL 32401 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:	SD	( ) Delete
Name:	ADAMS, BRUCE	
Address:	743 BEAVER CREEK ROAD	
City-St-Zip:	DOTHAN, AL 36303	
Title:	TD	( ) Delete
Name:	JILES, JERRY	
Address:	8743 THOMAS DR	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	PD	( ) Delete
Name:	STEPHENS, DONALD	
Address:	1708 ENCINA WAY	
City-St-Zip:	MILTON, FL 32583	
Title:	VPD	( ) Delete
Name:	FEASTER, JACK	
Address:	11 LEESIDE CT	
City-St-Zip:	MANCHESTER, MO 63011	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DONALD STEPHENS PD 04/11/2009

Electronic Signature of Signing Officer or Director — Date