


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 022 ****61.25

DOCUMENT # N05000001271	
1. Entity Name SUMMER LACE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2611-B WEST 23RD STREET PANAMA CITY FL 32405	Mailing Address 2611-B WEST 23RD STREET PANAMA CITY FL 32405
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2. Principal Place of Business - No P.O. Box # 1701 Tennessee Av	3. Mailing Address 1701 Tennessee Av
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Lynn Haven FL	City & State Lynn Haven, FL
Zip 32444	Country USA

1st MOORE CR2E037 (10/06)

4. FEI Number 20-4063502	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARRETT, GARY 2611-B WEST 23RD STREET PANAMA CITY FL 32405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 JENKINS, ERIC 2611-B WEST 23RD STREET PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 Tennessee Av. Ste 100 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NORTON, JAN 2611-B WEST 23RD STREET PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 Tennessee Av. Ste 100 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BARRETT, GARY 2611-B WEST 23RD STREET PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 Tennessee Av. Ste 100 Lynn Haven, FL 32444
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
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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 Section 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:  **Eric Jenkins, President** 4/16/07 (850) 277-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #