2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N05000005042

1. Entity Name
SUMMERWOOD OF SHALIMAR HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
701 NW ANCHORS STREET FORT WALTON BEACH, FL 32548	701 NW ANCHORS STREET FORT WALTON BEACH, FL 32548

01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0984872
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GEORGE R
701 NW ANCHORS STREET
FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000791529
01/23/08-80078-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROBERT V
STREET ADDRESS	701 NW ANCHORS STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	STD
NAME	SMITH, JAMES R
STREET ADDRESS	701 NW ANCHORS STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	SMITH, GEORGE R
STREET ADDRESS	701 NW ANCHORS STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: GEORGE R. SMITH 1/10/08 850-244-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #