

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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90024 002 \*\*\*\*70.00

**DOCUMENT # N05000005690**

1. Entity Name

SUMMER PLACE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business

2610 DADE AVE  
PANAMA CITY BEACH FL 32408

Mailing Address

2610 DADE AVE  
PANAMA CITY BEACH FL 32408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-3822635

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER, BETTY  
2610 DADE AVE  
PANAMA CITY BEACH FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FEIJOO, TONY J  
STREET ADDRESS 11273 OIRNAB ST SW  
CITY- ST- ZIP NAVARRE OH 44662

TITLE ☐ Change ☒ Addition  
NAME Luevella Sue Kitterman  
STREET ADDRESS 637 Hillcreek Road  
CITY- ST- ZIP Shepherdsville KY 40165

TITLE D ☐ Delete  
NAME SCHROEDER, BETTY  
STREET ADDRESS 2610 DADE AVE  
CITY- ST- ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Change ☒ Addition  
NAME Thomas Spink  
STREET ADDRESS 1050 Clayborne Road  
CITY- ST- ZIP Louisville KY 40214

TITLE D ☒ Delete  
NAME KITTERMAN, BUTCH  
STREET ADDRESS 637 HILL CREEK RD  
CITY- ST- ZIP SHEPHERDSVILLE KY 40165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME MATTINGLY, GREG  
STREET ADDRESS 7425 NOTTOWAY CIRCLE  
CITY- ST- ZIP LOUISVILLE KY 40214

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME MATTINGLY, BOB  
STREET ADDRESS 7408 OSWEGO CIRCLE  
CITY- ST- ZIP LOUISVILLE KY 40214

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:** Luevella Sue Kitterman Luevella Sue Kitterman 5/16/07 502-645-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #