

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90013 024 ****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
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2. Principal Place of Business - No P.O. Box # 637 Hillcreek Rd	3. Mailing Address 637 Hillcreek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State Shepherdsville KY	City & State Shepherdsville KY
Zip 40165	Zip 40165
Country USA	Country USA

4. FEI Number 20-3822635	Applied For ☐
	Not Applicable ☒

6. Name and Address of Current Registered Agent SCHROEDER, BETTY 2610 DADE AVE PANAMA CITY BEACH FL 32408	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature is not used when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD FEIJOO, TONY J 11273 OIRNAB ST SW NAVARRE OH 44662 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Moore 218 W. Kenwood Drive Louisville KY 40214 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, BETTY 2610 DADE AVE PANAMA CITY BEACH FL 32408 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kim Mattingly 7425 Nottoway Louisville KY 40214 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTERMAN, LUEVETLA S 637 HILLCREEK ROAD SHEPHERDSVILLE KY 40165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINK, THOMAS 1050 CLAYBORNE ROAD LOUISVILLE KY 40214 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTINGLY, BOB 7408 OSWEGO CIRCLE LOUISVILLE KY 40214 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Luevetta Sue Kitterman Luevetta Sue Kitterman 4/4/08 cell: 502-645-3667