2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N05000005690

Entity Name: SUMMER PLACE TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

637 HILLCREEK RD
SHEPHERDSVILLE, KY 40165

New Principal Place of Business:

6215 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

637 HILLCREEK RD
SHEPHERDSVILLE, KY 40165

New Mailing Address:

FEI Number: 20-3822635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHROEDER, BETTY
2610 DADE AVE
PANAMA CITY BEACH, FL 32408 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: P ( ) Delete
Name: MOORE, DAVID
Address: 218 W. KENWOOD DRIVE
City-St-Zip: LOUISVILLE, KY 40214

Title: D ( ) Delete
Name: MATTINGLY, KIM
Address: 7425 NOTTOWAY
City-St-Zip: LOUISVILLE, KY 40214

Title: D ( ) Delete
Name: KITTERMAN, LUEVETLA S
Address: 637 HILLCREEK ROAD
City-St-Zip: SHEPHERDSVILLE, KY 40165

Title: D ( ) Delete
Name: SPINK, THOMAS
Address: 1050 CLAYBORNE ROAD
City-St-Zip: LOUISVILLE, KY 40214

Title: D ( ) Delete
Name: MATTINGLY, BOB
Address: 7408 OSWEGO CIRCLE
City-St-Zip: LOUISVILLE, KY 40214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MATTINGLY, GREG
Address: 7425 NOTTOWAY
City-St-Zip: LOUISVILLE, KY 40214

Title: D (X) Change ( ) Addition
Name: KITTERMAN, LUEVETTA S
Address: 637 HILLCREEK ROAD
City-St-Zip: SHEPHERDSVILLE, KY 40165

Title: D (X) Change ( ) Addition
Name: OTT, RONNIE
Address: 4906 OAK PARK DRIVE
City-St-Zip: LOUISVILLE, KY 40258

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: LUEVETTA SUE KITTERMAN TRES 02/13/2009
Electronic Signature of Signing Officer or Director — Date