2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006417

FILED Apr 17, 2007 Secretary of State

Entity Name: SUMMER PLACE CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business: New Principal Place of Business: 8009 S ORANGE AVENUE ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 8009 S ORANGE AVENUE ORLANDO, FL 32809 FEI Number: 20-3062784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LOUTHAN, CRYSTAL PLUMMER, ROSE Name: Name: 240 SPRING DR #9 Address: 355 E CRISAFULLI Address: City-St-Zip: MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIAMOND, DAVID Name: DIAMOND, DAVID M Name: Address: 3992 TRADEWINDS TR Address: 3992 TRADEWINDS TR City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: (X) Change () Addition COOKE, JOHN NICHOLSON, THOMAS Name: Name: 545 E GARFIELD AVE UNIT 704 Address: 95 FLORIDA BLVD Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: COCOA BEACH, FL 32931 Title: Title: () Change (X) Addition () Delete THOMPSON, SHERYL Name: Name: 5788 CHESHIRE DRIVE Address: Address: City-St-Zip: City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change (X) Addition LOUTHAN, CRYSTAL J Name: Name: 240 SPRING DR #9 Address: Address: MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSE PLUMMER P 04/17/2007