

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 037 ****61.25

DOCUMENT # N05000006417

1. Entity Name
**SUMMER PLACE CONDOMINIUM ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business
**8009 S ORANGE AVENUE
ORLANDO, FL 32809**

Mailing Address
**8009 S ORANGE AVENUE
ORLANDO, FL 32809**

40100107



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
204 W Cocoa Beach Cswy
Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State
Cocoa Beach, FL

Zip
32931

Country
U.S.A.

4. FEI Number
20-3062784

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent
Name **DBA Keldorff, Inc Showcase Prop Mgmt**
Street Address (P.O. Box Number is Not Acceptable)
204 W. Cocoa Beach Cswy
City **Cocoa Beach** FL Zip Code **32931**

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]* **4/30/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-----------------------------|--|---|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PLUMMER, ROSE | | NAME | | |
| STREET ADDRESS | 355 E CRISAFULLI | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIAMOND, DAVID M | | NAME | | |
| STREET ADDRESS | 3992 TRADEWINDS TR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NICHOLSON, THOMAS | | NAME | | |
| STREET ADDRESS | 545 E GARFIELD AVE UNIT 704 | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, SHERYL | | NAME | | |
| STREET ADDRESS | 5788 CHESHIRE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOUTHAN, CRYSTAL J | | NAME | | |
| STREET ADDRESS | 240 SPRING DR #9 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *[Signature]* **4/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #