2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009057

FILED Feb 09, 2006 Secretary of State

Entity Name: SUMTER CROSSING PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
300 S PII CALA, F				
Current Mailing Address:		New Mailing Address:		
300 S PII CALA, F				
El Number	: 20-4209667	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
)EICHMA				
300 S PII CALA, F he above	NE AVE L 34471 US e named entity s		ourpose of changing its register	ed office or registered agent, or both,
300 S PII CALA, F he above the State	NE AVE L 34471 US e named entity s e of Florida.		ourpose of changing its register	ed office or registered agent, or both,
300 S PII CALA, F he above the State	NE AVE L 34471 US e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
300 S PII CALA, F The above the State GNATU	NE AVE L 34471 US e named entity s e of Florida. RE:	submits this statement for the place is statemen	ent	
300 S PII CALA, F he above the Stat IGNATU	NE AVE L 34471 US e named entity s e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Agrocks: Delete NCY /E	ent	Date
300 S PII CALA, F he above the State IGNATU PFFICER tte: ame: ddress:	NE AVE 'L 34471 US e named entity s e of Florida. RE: Electron S AND DIREC' D () DEICHMAN, NA 2300 S PINE AN OCALA, FL 344	ic Signature of Registered Ag TORS: Delete NCY /E 471 Delete E JR AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: HARVEY VANDEVEN D 02/09/2006