

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006364

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** SUMMERHOUSE AT MEXICO BEACH OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

110 MEDICAL DRIVE  
DOTHAN, AL 36303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490  
DOTHAN, AL 36302

**New Mailing Address:**

**FEI Number:** 20-5927329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, ELIZABETH J  
415 BECKRICH ROAD SUITE 500  
PANAMA CITY BEACH, FL 32407 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: DP ( ) Delete  
Name: PARSONS, DAVID W  
Address: PO BOX 490  
City-St-Zip: DOTHAN, AL 36302

Title: DV ( ) Delete  
Name: ANTE, MARK E JR  
Address: 6627 THOMAS DRIVE SUITE 903  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DST ( ) Delete  
Name: KNOWLES, TRACY B  
Address: PO BOX 490  
City-St-Zip: DOTHAN, AL 36302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: TRACY KNOWLES

TREA

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date