

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009678

FILED
Jan 18, 2010
Secretary of State

Entity Name: SUMMERSET ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ICAN
21 E. GARDEN ST., STE. 208
PENSACOLA, FL 32502

New Principal Place of Business:

C/O FLAGLER MANAGEMENT, INC.
16 GOLF VIEW DRIVE
OCALA, FL 34472

Current Mailing Address:

C/O ICAN
21 E. GARDEN ST., STE. 208
PENSACOLA, FL 32502

New Mailing Address:

C/O FLAGLER MANAGEMENT, INC.
PO BOX 830177
OCALA, FL 34483

FEI Number: 20-5815099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NORTHWEST 49TH ST., STE. 202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

FLAGLER MANAGEMENT, INC.
16 GOLF VIEW DRIVE
OCALA, FL 34472 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: FLAGLER MANAGEMENT, INC.

01/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SPELLMAN, MICHAEL
Address: PO BOX 830177
City-St-Zip: OCALA, FL 34483

Title: D
Name: WILSON, LINDA
Address: PO BOX 830177
City-St-Zip: OCALA, FL 34483

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SPELLMAN

D

01/18/2010

Electronic Signature of Signing Officer or Director

Date