

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 04, 2011
Secretary of State

DOCUMENT# N06000009678

Entity Name: SUMMERSET ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O FLAGLER MANAGEMENT, INC.
2143 NE 2ND STREET
OCALA, FL 34470**New Principal Place of Business:****Current Mailing Address:**C/O FLAGLER MANAGEMENT, INC
PO BOX 830177
OCALA, FL 34483**New Mailing Address:****FEI Number:** 20-5815099**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLAGLER MANAGEMENT, INC.
2143 NE 2ND STREET
OCALA, FL 34470 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: SEC
Name: LOTT, SHELLY
Address: 6019 BLAIR CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: CONWAY, SAM
Address: 1781 TWIN PINE BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: P
Name: ROCHE, TIMOTHY
Address: 1846 TWIN PINE BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: TRES
Name: WATTS, DAWN
Address: 1792 TWIN PINE BLVD
City-St-Zip: GULF BREEZE, FL 32563

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: LINDA WILSON

RA

04/04/2011

Electronic Signature of Signing Officer or Director

Date