2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
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: DOCK, KAYLA
Address: 1828 TWIN PINE BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: PEADEN, MATT
Address: 1813 TWIN PINE BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: P
Name: HAROLD, HOUFEK
Address: 5995 BLAIR CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

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

Title: DIR
Name: WOODS, ASHLEY
Address: 1791 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 03/19/2012
Electronic Signature of Signing Officer or Director Date