

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 08, 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: P  
Name: PEADEN, MATT  
Address: 1813 TWIN PINE BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

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

Title: TRES  
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

08/08/2012

Electronic Signature of Signing Officer or Director

Date