

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011353

FILED  
Oct 09, 2007  
Secretary of State

**Entity Name:** SUMMERFIELD SQUARE COMMERCIAL OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

101 E. KENNEDY BOULEVARD, SUITE 2700  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

101 E. KENNEDY BOULEVARD, SUITE 2700  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BRITTAIN, DAVID R ESQ.  
101 E. KENNEDY BOULEVARD, SUITE 2700  
TAMPA, FL 33602 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: DAVID R. BRITTAIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARKINS, III, JAMES A  
Address: C/O 5055 GULF OF MEXICO DRIVE, UNIT #436  
City-St-Zip: LONG BOAT KEY, FL 34228

Title: DV ( ) Delete  
Name: O'BRIEN, MICHAEL J  
Address: C/O 5055 GULF OF MEXICO DRIVE, UNIT #436  
City-St-Zip: LONG BOAT KEY, FL 34228

Title: DST (X) Delete  
Name: WILLEY, LARRY  
Address: C/O 5055 GULF OF MEXICO DRIVE, UNIT #436  
City-St-Zip: LONG BOAT KEY, FL 34228

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

Title: P (X) Change ( ) Addition  
Name: HARKINS, III, JAMES A  
Address: C/O 5055 GULF OF MEXICO DRIVE, UNIT #436  
City-St-Zip: LONG BOAT KEY, FL 34228

Title: VP/S (X) Change ( ) Addition  
Name: O'BRIEN, MICHAEL J  
Address: C/O 5055 GULF OF MEXICO DRIVE, UNIT #436  
City-St-Zip: LONG BOAT KEY, FL 34228

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: JAMES A. HARKINS, III

P

10/09/2007

Electronic Signature of Signing Officer or Director

Date