

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011364

FILED
Oct 09, 2007
Secretary of State

Entity Name: SUMMERFIELD SQUARE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

101 E KENNEDY BLVD SUITE 2700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 E KENNEDY BLVD 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
101 E KENNEDY BLVD 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: 5055 GULF OF MEXICO DR UNIT 436
City-St-Zip: LONG BOAT KEY, FL 34228

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

Title: STP (X) Delete
Name: WILLEY, LARRY
Address: 5055 GULF OF MEXICO DR 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: 5055 GULF OF MEXICO DR UNIT 436
City-St-Zip: LONG BOAT KEY, FL 34228

Title: VP/S (X) Change () Addition
Name: O'BRIEN, MICHAEL J
Address: 5055 GULF OF MEXICO DR 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