2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N07000003667

Entity Name: SUMMERSET ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2631 SE 58 AVE.
OCALA, FL 34471

New Principal Place of Business:

2631 SE 58 AVE.
OCALA, FL 34480

Current Mailing Address:

2631 SE 58 AVE.
OCALA, FL 34471

New Mailing Address:

2631 SE 58 AVE.
OCALA, FL 34480

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

Name and Address of Current Registered Agent:

VANDEVEN, WILLIAM C.
4125 SE 24 ST.
OCALA, FL 34471 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: DT ( ) Delete
Name: VANDEVEN, HARVEY W.
Address: 4260 NE 35 ST.
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: FABIAN, JOHN E. JR.
Address: 2631 SE 58 AVE.
City-St-Zip: OCALA, FL 34471

Title: DP ( ) Delete
Name: VANDEVEN, WILLIAM C.
Address: 4125 SE 24 ST
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: VANDEVEN, CATHERINE M.
Address: 2631 SE 58 AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FABIAN, JOHN E. JR.
Address: 2631 SE 58 AVE.
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN E FABIAN, JR D 01/08/2008

Electronic Signature of Signing Officer or Director — Date