## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006017

FILED Apr 16, 2009 Secretary of State

Entity Name: SUMMERBROOK HOMEOWNERS ASSOCIATION, INC.

Current Pi	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
4213 COU	NTY ROAD 21	8			
1 MIDDLEBL	JRG, FL 32068	3			
Current M	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
4213 COUI	NTY ROAD 21	8			
1	JRG, FL 32068				
	20-3536896	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
		.,			
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
DELCOMYN, VINA 4213 COUNTY ROAD 218				AWAKENINGS ASSOCIATION MANAGEMENT, INC 4213 COUNTY ROAD 218	
1 MIDDLEBURG, FL 32068 US			MIDDLEBURG, FL 3	MIDDLEBURG, FL 32068 US	
in the State	named entity s of Florida. RE: VINA C DI	·	rpose of changing its register	ed office or registered agent, or both,  04/16/2009	
01011/1101		ic Signature of Registered Agen	<u> </u>	Date	
OEEICED!	S AND DIRECT			GES TO OFFICERS AND DIRECTORS:	
	AND DIRECT	ioks.			
Title:	PD ()	Delete	Title:		
Name: Address: City-St-Zip:	THIBAULT, RON 1107 SUMMER MIDDLEBURG,	IALD SPRINGS DRIVE	Name: Address: City-St-Zip:	() Change () Addition	
Address:	1107 SUMMER MIDDLEBURG,	IALD SPRINGS DRIVE FL 32068 Delete BROOK DRIVE	Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address:	1107 SUMMER MIDDLEBURG, VP/T () O'DELL, RYAN 1368 SUMMERE MIDDLEBURG, S () THOMAS, VICKI	IALD SPRINGS DRIVE FL 32068  Delete BROOK DRIVE FL 32068  Delete E SPRINGS DRIVE	Name: Address: City-St-Zip: Title: Name: Address:		

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: RONALD THIBAULT PRES 04/16/2009