

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 012 ****61.25

DOCUMENT # N20704		
1. Entity Name SUMMER PLACE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 2771 SUMMERDALE DR. CLEARWATER, FL 33761 US	Mailing Address 2771 SUMMERDALE DR, UNIT 16 CLEARWATER, FL 33761
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40003363



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEMMER, JUDITH 2771 SUMMERDALE DR., UNIT 16 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name ANNA LEE FLINN Street Address (P.O. Box Number is Not Acceptable) 2771 SUMMERDALE DR. #5 City CLEARWATER FL Zip Code 33761	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABLES, SUSAN 2771 SUMMERDALE DR., #15 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, GEOFF 2771 SUMMERDALE DR. #12 CLEARWATER FL 33761 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARPENTER, KANDICE 2771 SUMMERDALE DR. #12 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DOUG 2771 SUMMERDALE DR. #6 CLEARWATER FL 33761 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENNINGS, SHAROLYN 2771 SUMMERDALE DR. #4 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, SHAROLYN 2771 SUMMERDALE DR. #4 CLEARWATER FL 33761 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMMERER, JUDITH 2771 SUMMERDALE DR. #9 CLEARWATER, FL 33761 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINN, JASON 2771 SUMMERDALE DR. # 14 CLEARWATER FL 33761 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CARRIE 2771 SUMMERDALE DR. #13 CLEARWATER, FL 33761 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARPENTER, KANDICE 2771 SUMMERDALE DR. #12 CLEARWATER FL 33761 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUAN, ANNA L 2771 SUMMERDALE DR. #5 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FLINN, ANNA 2771 SUMMERDALE DR. #5 CLEARWATER FL 33761 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Lee Flinn **1/31/06** **727 723 3018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #