# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2008**
**Secretary of State**

DOCUMENT# N20704

**Entity Name:** SUMMER PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2708 ALT 19 N
SUITE 603
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

2708 ALT 19 N
SUITE 603
PALM HARBOR, FL 34683

**New Mailing Address:**

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

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

PMS MANAGEMENT SERVICES
2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 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: | PD | ( ) Delete |
| Name: | ABLES, SUSAN | |
| Address: | 2771 SUUMERDALE DR., #15 | |
| City-St-Zip: | CLEARWATER, FL 33761 | |
| Title: | VD | ( ) Delete |
| Name: | CARPENTER, KANDICE | |
| Address: | 2771 SUMMERDALE DR. #12 | |
| City-St-Zip: | CLEARWATER, FL 33761 | |
| Title: | STD | ( ) Delete |
| Name: | JENNINGS, SHAROLYN | |
| Address: | 2771 SUMMERDALE DR. #4 | |
| City-St-Zip: | CLEARWATER, FL 33761 | |
| Title: | D | ( ) Delete |
| Name: | HOWELL, DOUG | |
| Address: | 2771 SUMMERDALE DR #6 | |
| City-St-Zip: | CLEARWATER, FL 33761 | |
| Title: | DS | ( ) Delete |
| Name: | FLINN, JASON | |
| Address: | 2771 SUMMERDALE DR. #14 | |
| City-St-Zip: | CLEARWATER, FL 33761 | |

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

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: SUSAN ABLES PRES 03/27/2008
Electronic Signature of Signing Officer or Director — Date