

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20704

FILED
Apr 13, 2009
Secretary of State

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: PD (X) Change () Addition
Name: ABLES, SUSAN
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: VD (X) Change () Addition
Name: CARPENTER, KANDICE
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: STD (X) Change () Addition
Name: JENNINGS, SHAROLYN
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change () Addition
Name: HOWELL, DOUG
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change () Addition
Name: FLINN, JASON
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

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

04/13/2009

Electronic Signature of Signing Officer or Director

Date