

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22971

FILED
Jan 13, 2009
Secretary of State

Entity Name: SUMMERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1128 EAST DOMEKAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

1136EAST DOMEKAN AVE
KISSIMMEE, FL 34744

Current Mailing Address:

1128 EAST DOMEKAN AVE
KISSIMMEE, FL 34744

New Mailing Address:

1136EAST DOMEKAN AVE
KISSIMMEE, FL 34744

FEI Number: 56-2514710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, FRAYDA
CENTRAL ASSOCIATION MANAGEMENT
1128 EAST DONEGAN AVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MORRIS, FRAYDA
CENTRAL ASSOCIATION MANAGEMENT
1136 EAST DONEGAN AVE
KISSIMMEE, FL 34744 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAFFLER, HILTRUD J
Address: 2432 SUMMERFIELD PL
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: WARD, LINDA A
Address: 2425 SOMMERFIELD WAY
City-St-Zip: KISSIMMEE, FL 34741

Title: TD (X) Delete
Name: HERNANDEZ, ALBERTO
Address: 2401 SUMMERFIELD WAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: RHODES, BRENDA
Address: 2405 SUMMERFIELD WAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: DI NUCCI, FRED
Address: 2433 SUMMERFIELD WAY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAFFLER, JOANNE
Address: 2432 SUMMERFIELD PL
City-St-Zip: KISSIMMEE, FL 34741

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: VP (X) Change () Addition
Name: DI NUCCI, FRED
Address: 2433 SUMMERFIELD WAY
City-St-Zip: KISSIMMEE, FL 34741

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: JOANNE RAFFLER

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date