

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22971

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SUMMERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1136EAST DOMEKAN AVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1136 EAST DOMEKAN AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1136EAST DOMEKAN AVE  
KISSIMMEE, FL 34744

**New Mailing Address:**

1136 EAST 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  
1136 EAST DONEGAN AVE  
KISSIMMEE, FL 34744 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  
Name: RAFFLER, JOANNE  
Address: 2432 SUMMERFIELD PL  
City-St-Zip: KISSIMMEE, FL 34741

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

Title: VP  
Name: DI NUCCI, FRED  
Address: 2433 SUMMERFIELD WAY  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: JOANNE RAFFLER

P

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date