

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90012 012 ****61.25

DOCUMENT # N25835 1. Entity Name SUMMERFIELD ASSOCIATION, INC.					
Principal Place of Business 100 CHELMSFORD PLACE PONTE VEDRA BEACH FL 32082 US			Mailing Address PO BOX 2702 PONTE VEDRA BEACH FL 32004 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2912368				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAY, JONATHAN L 100 CHELMSFORD PLACE PONTE VEDRA BEACH FL 32082			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 is required when registering)					
FILE NOW. FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KEATING, CRAIG 132 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Keating, Craig 132 Summerfield Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WALTER, JANICE R 177 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD Walter, Janice R. 177 Summerfield Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDERSON, LINA 149 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Anderson, Linda 149 Summerfield Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARIAV, JEANNE 104 SPRINGMOOR LN PONTE VEDRA BEACH FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Ariav, Jeanne 104 Springmoor Lane Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, HARRY 101 MEADOWCREST DR. PONTE VEDRA BEACH FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Smith, Harry 101 Meadowcrest Dr. Ponte Vedra Beach, FL ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/7/08 Daytime Phone # _____		