

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25835

FILED
Apr 16, 2009
Secretary of State

Entity Name: SUMMERFIELD ASSOCIATION, INC.

Current Principal Place of Business:

100 CHELMSFORD PLACE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2702
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-2912368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAY, JONATHAN L
100 CHELMSFORD PLACE
PONTE VEDRA BEACH, FL 32082 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: KEATING, CRAIG
Address: 132 SUMMERFIELD DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: TD () Delete
Name: WALTER, JANICE R
Address: 177 SUMMERFIELD DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ANDERSON, LINA
Address: 149 SUMMERFIELD DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ARIAV, JEANNE
Address: 104 SPRINGMOOR LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SMITH, HARRY
Address: 101 MEADOWCREST DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: KEATING, CRAIG
Address: 132 SUMMERFIELD DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BROWN, LYNN M
Address: 105 GLENMAWR CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LYNN M BROWN

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date