## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT #

N42108

(3)

FILED Mar 13 1998 8:00am Secretary of State

SUMMERFIELD HOMEOWNERS' ASSOCIATION, INC.				
Principal Plac	e of Business	Mailing Address		1 (BOUILDE BIT ATÓNA TION ABLOL COLO BIETT BIETT BIETT BIETT BIETT BIETT BIETT BIETT
200 EXECUTIVE WAY  % D. BILLINGS  PONTE VEDRA BEACH FL 32082  PONTE VEDRA BEACH FL 32082				3. Date Incorporated or Qualified  02/14/1991  4. FEI Number  Applied For
2 Principal F	Place of Business	2a. Mailing Address		59-3065289 Not Applicable
21 100 CHELMS FURD PLACE 28				5. Certificate of Status Desired Section Section 5. Section Se
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27		· -/-	Election Campaign Financing     Trust Fund Contribution     Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  ✓ Yes ☐ No
Zip 24 <b>3</b> 20	Country •	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
			81 Name	TONATHAN L. HAY
LILIEN, DUSTY BILLINGS			i 62   Street	Address (P.O. Box Number is Not Acceptable)
105 MEADOWCREST LANE PONTE VEDRA BEACH FL 32082			83	00 CHELMSFORD PLACE
FOITIE VEGIA BEAUTIFE 02002				
i l			84 City	PONTE YEAR BEACH FL 85 Zip Code 32082
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signaport, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when rein				required when reinstaling)  DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	P.D Change Addition
NAME	LILIEN, DUSTY BILLINGS	•	1.2 NAME	HAKRY MIDDLETON
DONTE VEDDA DEADLE DADAG			1.3 STREET ADDRESS	109 GLEN MANK COURT
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320	DELETE	1.4 CITY-ST-ZIP	FONTE JEDKA BEACH, FL 32082
TITLE	FOLLMER, SUSAN	<b>A</b> oiteir	2.1 TITLE 2.2 NAME	TEKEN KENNEDY LI Change MAddillon
STREET ADDRESS	400 OLI MATORICI DI DONE			180 SUMMERPIELD DRIVE
DOLLE MEDDA DESCRIPTIONS			2. 4 CITY - ST-ZIP	PONTE YEORA BEACH, FL 32082
TITLE	TD	DELETE	3.1 TITLE	Change Addition
NAME	SPRATT, COURTNEY ANNE			ROBERT CLENSHAW 186 SUMMELPIEUD DRWE
DONTE VEDDA REACH EL AGOGO			3.3 STREET ADDRESS	100
			3.4. CITY-S1-ZIP	PONTE YEDRI DEACH FL 32082
NAME	HAY, JON	better	4.1 TITLE 4.2 NAME	WILLIAM MC ELVAIN
STREET ADDRESS	444 GUELAGAGADA DI 445			169 SUMMERPIELL DEWE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320	82	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PONTE VEDEN BENCH PL BROSE
TITLE	D	DELETE	5.1 TITLE	▶ Change X Addition
NAME	YARGER, LU		5.2 NAME	SANDRA TAKOR
STREET ADDRESS	108 GLENMAWR COURT		5.3 STREET ADDRESS	LOT STRINGWOOD WAY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		5.4 CITY-ST-ZIP	PONTE VESKA BEACH, FL 32082
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

CICNATURE.

STREET ADDRESS

CITY-ST-ZIP

Austra dalas

CONTRACTOR CA

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