


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90009 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42108</b>					
1. Corporation Name <b>SUMMERFIELD HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 100 CHELMSFORD PLACE % D. BILLINGS PONTE VEDRA BEACH FL 32082 US			Mailing Address P.O. BOX 2702 PONTE VEDRA BEACH FL 32004		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 <b>100 CHELMSFORD PLACE</b>		26		02/14/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3065289	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>PONTE VEDRA BEACH, FL</b>		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 <b>32082</b>		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAY, JONATHAN L 100 CHELMSFORD PLACE PONTE VEDRA BEACH FL 32082				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NIDDLETON, HARRY			1.2 NAME	MARK STERRITT		
STREET ADDRESS	109 GLENMAWR CT			1.3 STREET ADDRESS	112 MEADOWCREST LANE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, TED			2.2 NAME	KENNEDY, TERRY		
STREET ADDRESS	180 SUMMERFIELD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRENSHAW, ROBERT			3.2 NAME	CHRISTINE H. WYLIE		
STREET ADDRESS	185 SUMMERFIELD DR			3.3 STREET ADDRESS	196 SUMMERFIELD DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAY, JON			4.2 NAME	CAY ELLEN WALSER		
STREET ADDRESS	100 CHELMSFORD PLACE			4.3 STREET ADDRESS	192 SUMMERFIELD DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YARGER, LU			5.2 NAME	COANIE WORKMAN		
STREET ADDRESS	108 GLENMAWR COURT			5.3 STREET ADDRESS	193 SUMMERFIELD DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			5.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCILVAIN, WILLIAM			6.2 NAME	COURTENAY SPRATT		
STREET ADDRESS	169 SUMMERFIELD DR			6.3 STREET ADDRESS	176 SUMMERFIELD DRIVE		
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082			6.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		

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, with all other like empowered.

SIGNATURE: *Terry Kennedy* **SIGNATURE REQUIRED** 3/23/99 (904) 280-8337  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

N42108  
595310-90009-16



# SUMMERFIELD

At Ponte Vedra Beach

7/20/94

Department of State

Dear Sirs,

----- Sorry about the delay. The report  
had been prepared and, obviously, I  
somehow neglected to send it at the  
time and filed it away.

Sincerely,

Therese K. Kennedy, Treas.