

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48512

1. Entity Name
SUMMERDALE LANE NEIGHBORHOOD ASSOCIATION,
INC.



Principal Place of Business
3539 APALACHEE PKWY
SUITE 159
TALLAHASSEE, FL 32311 US

Mailing Address
3539 APALACHEE PKWY
SUITE 159
TALLAHASSEE, FL 32311 US

FILED

05 MAR 17 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3094552 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, ANTIGONE E
3539 APALACHEE PKWY
SUITE 159
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE PD ☐ Delete
NAME LUTHIN, JOHN E
STREET ADDRESS 8347 SUMMERDALE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE VPD ☐ Delete
NAME SUPLEE, JUDY
STREET ADDRESS 8383 SUMMERDALE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE T ☐ Delete
NAME MONTGOMERY, ANTIGONE E
STREET ADDRESS #990022, 723 TRUMAN AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 323146298

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600049077826
CITY-ST-ZIP 03/24/05--01005--019 **211.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Antigone Montgomery
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

Daytime Phone #

850-933-1357