

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90088 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 8300 Summerdale Ln		3. Mailing Address 8300 Summerdale Ln		 03092007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee, FL			
Zip 32311		Country USA		4. FEI Number 59-3094552	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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 Robert D. Gilbert Street Address (P.O. Box Number is Not Acceptable) 8300 Summerdale Ln City Tallahassee FL Zip Code 32311		
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 Robert D. Gilbert Treasurer 4/22/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 LUTHIN, JOHN E 8347 SUMMERDALE LANE TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christopher Farrell 8323 Summerdale Ln Tallahassee, FL 32311
		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUPLEE, JUDY 8383 SUMMERDALE LANE TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lee Burgess 2534 Augustine Court Tallahassee, FL 32311
		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, ANTIGONE #990022, 723 TRUMAN AVENUE TALLAHASSEE, FL 323146298	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert D. Gilbert 8300 Summerdale Ln Tallahassee, FL 32311
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert D. Gilbert Treasurer 4/22/07 558-1064 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					