
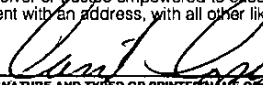


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90526 007 \*\*\*\*61.25

<b>DOCUMENT # N50748</b>			
1. Entity Name SUMMERFIELD COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O DICKINSON MANAGEMENT INC 400 TONEY PENNA DR JUPITER, FL 33458 US		Mailing Address C/O DICKINSON MANAGEMENT INC 400 TONEY PENNA DR JUPITER, FL 33458 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		c/o Dickinson Management, Inc. Suite, Apt. #, etc. 7136 SE Osprey Street	
City & State		City & State Hobe Sound, FL 33455	
Zip		Zip	
Country		Country	
4. FEI Number 65-0364404		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DICKINSON MANAGEMENT INC 400 TONEY PENNA DR JUPITER, FL 33458		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP PERDIAGAO, MARCIO <input checked="" type="checkbox"/> Delete 3162 COMMODORE PLAZA #3A COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-Daniel Diasio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6620 SE Broadmoor Ln Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZUCKERMAN, ANDREW <input checked="" type="checkbox"/> Delete C/O ZUCKERMAN GROUP- 3111 UNIV DR #610 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD-David Lopez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3471 SE Fairway Oaks Tr Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZUCKERMAN, DAVID <input checked="" type="checkbox"/> Delete C/O ZUCKERMAN GROUP-3111 UNIV. DR #610 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD-Alphonso Milligan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2902 SE Henery Place Stuarty FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD-Betty Cabot <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2722 SE Stonebriar Way Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - David Merklin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8154 SE Briarwood Place Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Vincent Rotondo/ADDITION 7079 SE Sleepy Hollow Ln Stuart, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Fred Pollak <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7152 SE Twin Oaks Circle Stuart, FL 34997
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: 		Date: 4/29/05 Daytime Phone #: 772-576-4526	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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