2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

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DOCUMENT # N50748 1. Entity Name SUMMERFIELD COMMUNITY ASSOCIATION, INC.						- 0.4		07 90138 0:	34 ****61.25	
1111 SE FED HWY STE 100 11 STUART, FL 34997 US 7			1111 SE FED HWY STE 100 7136 SE OSPREY STREET			- MINIMININI II I				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State				4. FEI Number Applied For 65-0364404 Not Applicable				
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desire	d 🗆	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	w Registered	Agent	
ADVANTA	GE PROPERTY MGMT LLC	Vaðistalan viðatit		Name		7. Harrie and	ACCITES OF HE	- Keålsteren		
1111 SE FE STUART, F	ED HWY STE 100 FL 34997		Street Addres			(P.O. Box Number is Not Acceptable)				
			-	City				FL	Zip Code	
	named entity submits this statement for	r the purpose of changing	its registere	d office o	register	ed agent, or bot	n, in the State of			accept
the obligati	ions of registered agent.									
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered	Agent signat	Devuper eru	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	Filing Fee is \$61.25 Due by May 1, 2007	 								
40	Due by May 1, 2007	Trust Fur	nd Contributio	-		Added to Fees	F	lorida Depar	tment of State	
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fur	nd Contribution	on.		Added to Fees	F	lorida Depar	RECTORS IN 10	
TITLE	OFFICERS AND DII	Trust Fur	nd Contribution 11. TITLE	on.		Added to Fees	F	lorida Depar	RECTORS IN 10	Addition
	Due by May 1, 2007 OFFICERS AND DI	Trust Fur	11. TITLE NAME	on.		Added to Fees	F	lorida Depar	RECTORS IN 10	Addition
TITLE NAME	OFFICERS AND DIE VPD BANASIAK, EDWAFD	Trust Fur	11. TITLE NAME	on.		Added to Fees	NGES TO OFFI	iorida Depai	RECTORS IN 10 Change	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Riorida 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 empty ered 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, who all other like empowered.

SIGNATURE:

NAME OF BROWING OFFICER C

SIGNATURE AND TVPED OR PR

MARCH 24, 057
Date Dayline Phone #

DAGNUM, JOHN 40046791
2803 SE STONEBEIAR WAY ATTACHMENT
SHUART, FL 34997