


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90020 025 \*\*\*\*61.25

**DOCUMENT # N50748**  
 1. Entity Name  
**SUMMERFIELD COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
 6542 SE TWIN OAKS CIRCLE  
 STUART, FL 34997 US

Mailing Address  
 % PRIME MANAGEMENT GROUP  
 2074 W. INDIANTOWN ROAD, SUITE 200  
 JUPITER, FL 33458 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0364404**

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

6. Name and Address of Current Registered Agent  
**ROSS EARLE & BONAN, P.A.**  
**759 SOUTH FEDERAL HIGHWAY**  
**SUITE 212**  
**STUART, FL 34994**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	BANASIAK, EDWAFD	
STREET ADDRESS	6549 SE BROADMOOR LN	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERHOLTZ, ROBERT	
STREET ADDRESS	7095 SE TWIN OAKS CIRCLE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLIGAN, ALPHONSO	
STREET ADDRESS	2902 SE HENERY PLACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAKOWSKE, KEITH	
STREET ADDRESS	6564 SE BROADMOOR LANE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, PAMELA	
STREET ADDRESS	3785 SE WARWICK LANE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELD, ROBERT	
STREET ADDRESS	6859 SE SLEEPY HOLLOW LANE	
CITY-ST-ZIP	STUART, FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banasiak, Edward	
STREET ADDRESS	6549 SE Broadmoor LN	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crawford, Sand	
STREET ADDRESS	6944 SE Twin Oaks Cir	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotondo, Vincent	
STREET ADDRESS	7079 SE Sleepy Hollow LN	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Makowske, Keith	
STREET ADDRESS	6564 SE Broadmoor Lane	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *V. Rotondo* **Vincent J. Rotondo, Sr.** **President** **772**  
 3/24/2008 - 223-9419  
Signature and typed or printed name of signing officer or director Date Daytime Phone #