


## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N50748</b> 1. Entity Name SUMMERFIELD COMMUNITY ASSOCIATION, INC.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 SEP 18 PM 12:57
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 #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0364404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature typed or printed name of registered agent and R/S if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Amended AR is \$61.25		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	
TITLE VP NAME BANASIAK, EDWARD STREET ADDRESS 6549 SE BROADMOOR LN CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D NAME STEVENS, TOM STREET ADDRESS 6605 SE BROADMORE LN CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME CRAWFORD, SAND STREET ADDRESS 6944 SE TWIN OAKS CIR CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete	TITLE D NAME STOLPE, CARL STREET ADDRESS 2763 SE STODEBRIAR WAY CITY-ST-ZIP STUART, FL 33997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME ROTONDO, VINCENT STREET ADDRESS 7079 SE SLEEPY HOLLOW LANE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300136245953 09/23/08--01014--005 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MOKOWSKE, KEITH STREET ADDRESS 6584 SE BROADMOOR LANE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BROWN, PAMELA STREET ADDRESS 3785 SE WARWICK LANE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP B 9/19/08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HELD, ROBERT STREET ADDRESS 6859 SE SLEEPY HOLLOW LANE CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP BLANCHETTE, RICHARD 3130 SE INDIANWELLS PLACE STUART, FL 34997	<input checked="" 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 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tom J. Blon</u>		Date: <u>9/14/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	