

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001354

FILED
Jan 17, 2009
Secretary of State

Entity Name: SUMMERFIELD CROSSING ASSOCIATION, INC.

Current Principal Place of Business:

4554 ARCH CREEK DR. S.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

4523 ARCH CREEK DR. S.
JACKSONVILLE, FL 32257 US

Current Mailing Address:

PO BOX 24263
JACKSONVILLE, FL 322413112 US

New Mailing Address:

FEI Number: 59-3173432 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KUEHLE, DEBORAH
4545 ARCH CREEK DR S
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUEHLE, DEBORAH
Address: 4545 ARCH CREEK DR S
City-St-Zip: JACKSONVILLE, FL 322578087

Title: SD () Delete
Name: CHARLTON, GEORGIA
Address: 4536 ARCH CREEK DR S
City-St-Zip: JACKSONVILLE, FL 322578087

Title: VD () Delete
Name: HILL, LOUISE
Address: 4477 ARCH CREEK DR S
City-St-Zip: JACKSONVILLE, FL 322578087

Title: TD () Delete
Name: GRANT, BARBARA T
Address: 4523 ARCH CREEK DR. S.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRANT

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date