2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2010
Secretary of State

DOCUMENT# N93000001354

Entity Name: SUMMERFIELD CROSSING ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

MUYSENBERG, PAT
4542 ARCH CREEK DR., S.
JACKSONVILLE, FL 32257 US

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: BARBARA T. GRANT 03/02/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MUYSENBERG, PAT
Address: 4542 ARCH CREEK DR S
City-St-Zip: JACKSONVILLE, FL 322578087

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA T. GRANT TD 03/02/2010
Electronic Signature of Signing Officer or Director Date