


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N93000004123

1. Entity Name
OWNERS ASSOCIATION OF SUMMER PLACE DEVELOPMENT, INC.



Principal Place of Business 1421 GENERAL TAYLOR ST C/O PAUL KAVANAUGH NEW ORLEANS, LA 70115 US	Mailing Address 1421 GENERAL TAYLOR ST C/O PAUL KAVANAUGH NEW ORLEANS, LA 70115 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3266922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDEN, SEAN
 8468 GULF BLVD
 UNIT 3
 NAVARRE, FL 32566**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, SEAN 8468 GULF BLVD, UNIT 3 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAVANAUGH, PAUL 1421 GENERAL TAYLOR ST NEW ORLEANS, LA 70115
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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, 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: Paul Kavanaugh 1/8/07 304-899-2500
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #