

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000628

FILED
Jan 22, 2007
Secretary of State

Entity Name: SUMMERS CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 540833
MERRITT ISLAND, FL 329540833

New Principal Place of Business:

SUMMERS CREEK DR
MERRITT ISLAND, FL 329540833

Current Mailing Address:

PO BOX 540833
MERRITT ISLAND, FL 329540833

New Mailing Address:

FEI Number: 59-3315724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, MOTICKA
373 SUMMERS CREEK DR
MERRITT ISLAND, FL 32952 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: HINKLE, RAY
Address: 359 CAROLYN COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: RATINO, JOSEPH
Address: 356 CAROLYN COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: RICHARD, MOTICKA
Address: 373 SUMMERS CREEK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KINNEY, JIM
Address: 1503 BENT PALM DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD (X) Change () Addition
Name: MOORE, RICHARD
Address: 248 OVIDIOCOURT
City-St-Zip: MERRITT ISLAND, FL 32952

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD MOTICKA

TD

01/22/2007

Electronic Signature of Signing Officer or Director

Date