## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N95000000913



**FILED** 

Feb 08, 2008 8:00 am Secretary of State

1. Entity Name SUMMERWOOD HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.						02-08-2008	90026 0	01 ****6	1.25
	e of Business ERWOOD WAY FL 33812 US	Mailing Address P.O.BOX 219 HIGHLAND CITY, FL	33846	US	1 (129) (14) (14)		ih 40m 40m 40m	IR IBIBLITAS IK	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-33589	94		<u> </u>	plied For t Applicable
Zip	Country	Zip	Zip Cou		5. Certificate of S	Status Desired		\$8.75 Add ee Require	litional
•	6."Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	legistered A	gent	
TIBBS, PAUL B				Name					
3452 SUMMERWOOD WAY LAKELAND, FL 33812				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
8. The above	named entity submits this statement follows of registered agent.	r the purpose of changing	g its register	ed office or regis	tered agent, or both, in	n the State of Flo	FL orida. I am f	emiliar with,	and accept
	ions or registered a sent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	NOTE: Registere	d Agent eignature requi	red when rematating)	·	DATE		<del></del>
	Filing Fee is \$61.25 Due by May 1, 2008		Campaign F nd Contribut		\$5.00 May Be Added to Fees		lake check ida Depart		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE			
TILE	SD 💯		7771	. 1	ADDITIONS/OFFAR		יוט איז טויי		
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STREET ADDRESS	SHARPE, PHILIP	☐ Deleta	NAM	Œ	ADDITIONAL			Change	
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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: