

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003403

FILED
Jan 28, 2009
Secretary of State

Entity Name: SUMMER BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

25 TOWN CENTER BLVD.
SUITE C
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

25 TOWN CENTER BLVD.
SUITE C
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3331616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, PAUL M
25 TOWN CENTER BLVD
SUITE C
CLERMONT, FL 34714 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: DP () Delete
Name: SCOTT, SR, JOE H
Address: 1065 EXECUTIVE PKWY, STE 300
City-St-Zip: ST LOUIS, MO 63141

Title: VPD () Delete
Name: DEMER, PHIL
Address: 25 TOWN CENTER BOULEVARD STE C
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: MIDDENDORF, DONALD
Address: 1500 HIGHWAY 27
City-St-Zip: FREDERICKTOWN, MO 63645

Title: ST () Delete
Name: SKURECKI, PAUL M
Address: 25 TOWN CENTER BLVD. #C
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PICKEL, ROBERT
Address: 369 WHITE OAK LANE
City-St-Zip: GRAND ISLAND, NY 14072

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: PAUL M. SKURECKI

ST

01/28/2009

Electronic Signature of Signing Officer or Director

Date