

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003403

**FILED**  
**Jan 05, 2011**  
**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:** PD  
**Name:** SCOTT, SR, JOE H  
**Address:** 1065 EXECUTIVE PKWY, STE 300  
**City-St-Zip:** ST LOUIS, MO 63141

**Title:** VPD  
**Name:** PICKEL, ROBERT  
**Address:** 369 WHITE OAK LANE  
**City-St-Zip:** GRAND ISLAND, NY 14072

**Title:** STD  
**Name:** DEMER, MICHAEL F  
**Address:** 25 TOWN CENTER BLVD, #C  
**City-St-Zip:** CLERMONT, FL 34714

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:** PIERETTE COX

MGR

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date