2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005854

FILED Apr 15, 2008 Secretary of State

Entity Name: SUMMER GREENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 26430 SUMMER GREENS DR. BONITA SPRINGS, FL 34135 US **Current Mailing Address: New Mailing Address:** 26430 SUMMER GREENS DR. BONITA SPRINGS, FL 34135 US FEI Number: 65-0634286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOSS, PHYLLIS 26430 SUMMER GREENS DR. US BONITA SPRINGS, FL 34135 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition VOSS, PHYLLIS Name: Name: 26430 SUMMER GREENS DR. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: (X) Change () Addition MILLER, ROBERT Name: HUTTON, REGAN Name: Address: 26307 CLARKSTON DR Address: 26261 SUMMER GREENS DR City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: SEC () Delete Title: SEC (X) Change () Addition ASPINWALL, DAN NELSON, PAUL R Name: Name: 26331 SUMMER GREENS DR 26171 SUMMER GREENS DR Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: TREA () Delete Title: () Change () Addition Name: EGGLY, EDWARD Name: Address: 26349 CLARKSTON DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: DIR (X) Change () Addition WAGNER, ELIZABETH Name: Name: KOSCAL, JOSEPH 26367 CLARKSTON DR 26220 SUMMER GREENS DR Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

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: PHYLLIS VOSS PRES 04/15/2008