2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N95000005854

Entity Name: SUMMER GREENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

26430 SUMMER GREENS DR.
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

26430 SUMMER GREENS DR.
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0634286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VOSS, PHYLLIS
26430 SUMMER GREENS DR.
BONITA SPRINGS, FL 34135 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: PRES ( ) Delete
Name: VOSS, PHYLLIS
Address: 26430 SUMMER GREENS DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete
Name: HUTTON, REGAN
Address: 26261 SUMMER GREENS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SEC ( ) Delete
Name: NELSON, PAUL R
Address: 26171 SUMMER GREENS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TREA ( ) Delete
Name: EGGLY, EDWARD
Address: 26349 CLARKSTON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DIR ( ) Delete
Name: KOSCAL, JOSEPH
Address: 26220 SUMMER GREENS DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PHYLLIS VOSS PRES 05/07/2009

Electronic Signature of Signing Officer or Director — Date