

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000189

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUMMERLAND COVE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1055 FLAGSHIP DRIVE
SUMMERLAND KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420476
SUMMERLAND KEY, FL 33042

New Mailing Address:

FEI Number: 65-0643399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLASURDO, JOAN M
1055 FLAGSHIP DRIVE
SUMMERLAND KEY, FL 33042 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: P () Delete
Name: OGLESBEE, DIEDRICH
Address: 928 GULF DR.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: T () Delete
Name: COLASURDO, JOAN M
Address: 1055 FLAGSHIP DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: V () Delete
Name: LUKS, LOUIS
Address: 889 LAGOON DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: S () Delete
Name: HOLUM, NANCY L
Address: 954 FLAGSHIP DR.
City-St-Zip: SUMMERLAND KEY, FL 33042

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:

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: JOAN M. COLASURDO

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date