

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000189

**FILED**  
**Oct 03, 2011**  
**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:** JOAN M. COLASURDO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHERNAY, JOSEPH  
**Address:** 919 BAY DRIVE  
**City-St-Zip:** SUMMERLAND KEY, FL 33042

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

**Title:** V  
**Name:** OGLESBEE, ABBY  
**Address:** 928 GULF DRIVE  
**City-St-Zip:** SUMMERLAND KEY, FL 33042

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

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:** JOAN M. COLASURDO

T

10/03/2011

Electronic Signature of Signing Officer or Director

Date