2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000004618

Entity Name: SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SUMMERWOOD HOA
99 SUMMERWOOD DR
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

99 SUMMERWOOD DR
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-3401099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, DONALD C DP
91 WINDRIDGE COURT
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

MORUS, KATHY
123 SUMMERWOOD DR
PANAMA CITY BEACH, FL 32413 US

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: KATHY MORUS 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: NICHOLS, AMANDA R
Address: 91 WINDRIDGE CT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DP ( ) Delete
Name: COBB, DIANE
Address: 99 SUMMERWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DT ( ) Delete
Name: MORUS, KATHLEEN M
Address: 129 SUMMERWOOD DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: HORNIBROOK, MIKE
Address: 103 WOODTRAIL DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: KATHLEEN MORUS DT 04/30/2009
Electronic Signature of Signing Officer or Director Date