

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90086 009 ****61.25

DOCUMENT # N97000000531

1. Entity Name

SUMMERFIELD FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3402 TALLWOOD DR.
DELTONA FL 32738**

Mailing Address

**3402 TALLWOOD DR.
DELTONA FL 32738**

20015490



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2783572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEHMAN, DANA
1872 SWEETWATER BEND
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **HARRY DUKES**

Street Address (P.O. Box Number is Not Acceptable)

1730 FARMERS CROOK

City **DELTONA**

FL

Zip Code **32738**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

HARRY DUKES, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEHMAN, DANA	
STREET ADDRESS	1872 SWEETWATER BEND	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CULBERTSON, MARTIN	
STREET ADDRESS	2496 VESPERO ST.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, MICHAEL	
STREET ADDRESS	1852 SWEETWATER DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY DUKES - D	
STREET ADDRESS	1730 FARMERS CROOK	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN DUKES	
STREET ADDRESS	1730 FARMERS CROOK	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATWAROO DOWLAT - D	
STREET ADDRESS	3421 TALLWOOD DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	BOARD member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT BAIDWIN - D	
STREET ADDRESS	1891 Sweetwater Bend	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY ANN DUKES (MARY ANN DUKES / Sec. 1 Treas) 2/10/05 (386) 789-8289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #