2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# N97000000531

Entity Name: SUMMERFIELD FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3402 TALLWOOD DR.
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

3402 TALLWOOD DR.
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-2783572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWLET, KATWAROO D
3421 TALLWOOD DR.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

DOWLAT, KATWAROO D
3421 TALLWOOD DR.
DELTONA, FL 32738 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: KATWAROO D. DOWLAT 02/15/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: KILIAN, HARRY
Address: 1809 VILLA DRIVE
City-St-Zip: DELTONA, FL 32738

Title: ST ( ) Delete
Name: KILIAN, SANDRA
Address: 1809 VILLA DRIVE
City-St-Zip: DELTONA, FL 32738

Title: P ( ) Delete
Name: DOWLET, KATWAROO D
Address: 3421 TALLWOOD DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: FERRIS, ROBERT
Address: 1831 SWEETWATER BEND
City-St-Zip: DELTONA, FL 32738

Title: ST (X) Change ( ) Addition
Name: DAVES, CAROL
Address: 3430 HICKORY CREEK ROAD
City-St-Zip: DELTONA, FL 32738

Title: P (X) Change ( ) Addition
Name: DOWLAT, KATWAROO D
Address: 3421 TALLWOOD DRIVE
City-St-Zip: DELTONA, FL 32738

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: CAROL DAVES ST 02/15/2008
Electronic Signature of Signing Officer or Director Date