FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002497

1. Entity Name
SUMMERFIELD RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2425 SUMMERFIELD WAY KISSIMMEE, FL 34741	2425 SUMMERFIELD WAY KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3441670

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, DEREK
2425 SUMMERFIELD WAY
KISSIMMEE, FL 34741

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000140807
04/29/04-80175-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TOMPKINS, KEVIN
STREET ADDRESS	2425 SUMMERFIELD WAY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	PD
NAME	TOMPKINS, DEREK
STREET ADDRESS	2425 SUMMERFIELD WAY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	STD
NAME	VOLENCE, AMANDA
STREET ADDRESS	2425 SUMMERFIELD WAY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Amanda D Volence 4/27/04 (407) 847-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #