

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90095 016 ****61.25

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1. Entity Name
SUMMERFIELD RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2425 SUMMERFIELD WAY
KISSIMMEE, FL 34741

Mailing Address
2425 SUMMERFIELD WAY
KISSIMMEE, FL 34741
2249 Tamarine Street
Winter Park, FL 32792



01052008 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
2671 Ultra Vista Drive
Maitland, FL 32751

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | VD |
| NAME | TOMPKINS, KEVIN |
| STREET ADDRESS | 2425 SUMMERFIELD WAY - 1708 Cinnamon Circle |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 Casselberry, FL 32707 |
| TITLE | PD |
| NAME | TOMPKINS, DEREK |
| STREET ADDRESS | 2425 SUMMERFIELD WAY 2671 Ultra Vista Drive |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 Maitland, FL 32751 |
| TITLE | STD |
| NAME | VOLENCE, AMANDA |
| STREET ADDRESS | 2425 SUMMERFIELD WAY 1019 Temple Grove |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 Winter Park, FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aminda Volence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 (407) 607-8283
Date Daytime Phone #