

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002497

FILED
Apr 07, 2009
Secretary of State

Entity Name: SUMMERFIELD RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2249 TANGRINE STREET
WINTER PARK, FL 32792

New Principal Place of Business:

2249 TAMERINE STREET
WINTER PARK, FL 32792

Current Mailing Address:

2249 TANGRINE STREET
WINTER PARK, FL 32792

New Mailing Address:

2249 TAMERINE STREET
WINTER PARK, FL 32792

FEI Number: 59-3441670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, DEREK
2671 ULTRA VISTA DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

TOMPKINS, RAYMOND W
2249 TAMERINE ST
WINTER PARK, FL 32792 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: RAYMOND W. TOMPKINS

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TOMPKINS, KEVIN
Address: 1708 CINNAMON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: PD () Delete
Name: TOMPKINS, DEREK
Address: 2671 ULTRA VISTA DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete
Name: VOLENCE, AMANDA
Address: 1019 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: TOMPKINS, RAYMOND W
Address: 2249 TAMERINE ST.
City-St-Zip: WINTER PARK, FL 32792

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: AMANDA T. VOLENCE

STD

04/07/2009

Electronic Signature of Signing Officer or Director

Date