2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N97000004027

Entity Name: SUMMER HAVEN OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3470048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGNATURE REALTY AND MANAGEMENT INC
4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	JACKSON, MICHELLE	
Address:	4540 SUMMER HAVEN BLVD S	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	DVP	( ) Delete
Name:	STACEY, JOYCE	
Address:	11591 SUMMER HAVEN BLVD N	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	(X) Delete
Name:	SWANSTROM, TRINA	
Address:	4510 SUMMER HAVEN BLVD S.	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	DS	( ) Delete
Name:	MCMILLAN, GREG	
Address:	4558 SUMMER HAVEN BLVD S	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	GAINERS, BYRON	
Address:	11533 SUMMER BROOK CT	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	DP	( ) Delete
Name:	THOMAS, JOHN	
Address:	4509 SUMMER WALK CT.	
City-St-Zip:	JACKSONVILLE, FL 32258	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DT	(X) Change ( ) Addition
Name:	GLATT, JERRY	
Address:	4478 SUMMER WALK COURT	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: JOHN THOMAS DP 02/26/2009

Electronic Signature of Signing Officer or Director — Date