


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 016 ****61.25

DOCUMENT # N97000004069			
1. Entity Name SUMMERWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.			
Principal Place of Business 1522 MELLON WAY SARASOTA, FL 34232		Mailing Address 1522 MELLON WAY SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # P.O. Box 52284		3. Mailing Address P.O. Box 52284	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota FL	
4. FEI Number 59-3459623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, KEVIN L ESQ BECKER & POLIAKOFF, P.A. 630 S ORANGE AVE 3 FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, JUDY	NAME	
STREET ADDRESS	1522 MELLON WAY	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34232	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, ERICA	NAME	
STREET ADDRESS	5899 OLD SUMMERWOOD BLVD	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34232	CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD/Anna Koropczycki <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNTRIESER, WERNER	NAME	11662 Summer Breeze Way
STREET ADDRESS	1841 SUMMER WALK CT	STREET ADDRESS	Sarasota, FL 34232
CITY - ST - ZIP	SARASOTA, FL 34232	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Judy N. Dunn</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	