

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004069

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** SUMMERWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

POB 52284  
SARASOTA, FL 34232

**New Principal Place of Business:**

1522 MELLON WAY  
SARASOTA, FL 34232

**Current Mailing Address:**

POB 52284  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 59-3459623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, PA  
6230 UNIVERSITY PARKWAY, SUITE 204  
SARASOTA, FL 34240 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: PD ( ) Delete  
Name: DUNN, JUDY  
Address: 1522 MELLON WAY  
City-St-Zip: SARASOTA, FL 34232

Title: SD ( ) Delete  
Name: DOYLE, ERICA  
Address: 5899 OLD SUMMERWOOD BLVD  
City-St-Zip: SARASOTA, FL 34232

Title: TD ( ) Delete  
Name: KOROPCZYNSKI, ANNA  
Address: 1662 SUMMER BREEZE WAY  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: KONOPCZYNSKI, ANNA  
Address: 1662 SUMMER BREEZE WAY  
City-St-Zip: SARASOTA, FL 34232

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: ANNA KONOPCZYNSKI

TD

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date