

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90054 036 \*\*\*\*61.25

<b>DOCUMENT # N97000006990</b>					
1. Entity Name SUMMERFIELD PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1231 SUMMERFIELD CT ORANGE PARK, FL 32073 US		Mailing Address 1231 SUMMERFIELD CT ORANGE PARK, FL 32073 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03142007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3511849 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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: <u>F&amp;L CORP</u>			DATE: <u>03-14-07</u>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT, DONNIE D		NAME		
STREET ADDRESS	1231 SUMMERFIELD CT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAPPALARDO, KEEBRA		NAME	Treasurer	
STREET ADDRESS	1243 SUMMERFIELD CT		STREET ADDRESS	STINSON, ROBERT	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	1223 Summerfield CT	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WINTON, STEVEN		NAME	VP	
STREET ADDRESS	1209 SUMMERFIELD CT		STREET ADDRESS	Frances Simplot	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	1240 Summerfield CT	
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: <u>Robert A. Stinson</u>			DATE: <u>3-14-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>904 278-1683</u>		