


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006730 1. Entity Name SUMMER HAVEN NORTH TOWNHOUSES ASSOCIATION, INC.		
Principal Place of Business 43 SUMMERHAVEN TRAIL DESTIN, FL 32541	Mailing Address 43 SUMMERHAVEN TRAIL DESTIN, FL 32541	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERRY, AMY C/O PLEAT & ASSOCIATES, P.A. 4477 LEGENDARY DRIVE STE 202 DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000222611 02/10/05-20009-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROESSLER, CHRIS 197 WALTON WAY DESTIN, FL 32550	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUSHU, LINDA 166 LEGION PARK LOOP DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROESSLER, STEPHANIE 197 WALTON WAY DESTIN, FL 32550	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Linda Bushu</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-5-5</u> <u>850-837-2044</u> <small>Date Daytime Phone #</small>