

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005690

Entity Name: SUMMER PLACE TOWNHOMES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6215 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**4518 FLOWERING BRANCH
POWDER SPRINGS, GA 30127 US**FEI Number:** 20-3822635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHROEDER, BETTY
2610 DADE AVE
PANAMA CITY BEACH, FL 32408 US*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**Officer/Director Detail :**

Title	ASST. TREASURER
Name	CARTER, JO ANN
Address	4518 FLOWERING BRANCH
City-State-Zip:	POWDER SPRINGS GA 30127

Title	TREASURER
Name	SCHROEDER, BETTY
Address	2610 DADE AVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	PRESIDENT
Name	MATTINGLY, BOB
Address	7408OSWEGO CIRCLE
City-State-Zip:	LOUISVILLE, KY 40214

Title	SECRETARY
Name	CRUMBLEY, LINDA
Address	202 OLD FREEMAN FERRY RD., SE
City-State-Zip:	ROME GA 30161

Title	VP
Name	MATTINGLY, GREG
Address	7425 NOTTOWAY CIRCLE
City-State-Zip:	LOUISVILLE KY 40214

I hereby 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 all other like empowered.

SIGNATURE: JO ANN CARTER

ASST. TREASURER

04/25/2015

Electronic Signature of Signing Officer/Director Detail_____
Date