

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

**FILED  
Apr 06, 2007  
Secretary of State**

DOCUMENT# N01000002501

**Entity Name:** THE VILLAGES AT SUMMER LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3714070      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HART, JR., JAMES W  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 32779 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: ELVEN, MARK  
Address: 11061 DAWNVIEW LN  
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete  
Name: KUSHI, MICHAEL  
Address: 11120 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

Title: SD ( ) Delete  
Name: MENDOZA, MICHELLE  
Address: 1114 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: FEBO, WELFREDO  
Address: 11103 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: SD (X) Change ( ) Addition  
Name: MENDOZA, MICHELLE  
Address: 11144 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

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

Title: D ( ) Change (X) Addition  
Name: PROHASKA, ROBERT  
Address: 2944 DAYBREAK DR  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Change (X) Addition  
Name: MONTAS, ARLENE P  
Address: 2830 DAYBREAK DR  
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK ELVEN

PD

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date