2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002501

FILED Jan 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1700 WEST BROADWAY STREET 1750 WEST BROADWAY STREET

SUITE 220 SUITE 220

OVIEDO, FL 32765 OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

P.O. BOX 620368 OVIEDO, FL 32762

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

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

DAVIS, KEVIN M DAVIS, KEVIN M

1700 WEST BROADWAY STREET 1750 WEST BROADWAY STREET

SUITE 220 SUITE 220

OVIEDO, FL 32762 US OVIEDO, FL 32762 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: KEVIN M. DAVIS 01/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: T (X) Change () Addition

 Name:
 ELVEN, MARK
 Name:
 ELVEN, MARK

 Address:
 11061 DAWNVIEW LN
 Address:
 11061 DAWNVIEW LN

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

 Name:
 KUSHI, MICHAEL
 Name:
 KUSHI, MICHAEL

 Address:
 11120 SUNUP LN
 Address:
 11120 SUNUP LN

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

 $\label{eq:title:SD} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$

 Name:
 MENDOZA, MICHELLE
 Name:
 MENDOZA, MICHELLE

 Address:
 11144 SUNUP LN
 Address:
 11144 SUNUP LN

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

Title: D (X) Delete Title: () Change () Addition

 Name:
 FEBO, WELFREDO
 Name:

 Address:
 11103 SUNUP LN
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 PROHASKA, RÖBERT
 Name:
 PROHASKA, RÖBERT

 Address:
 2944 DAYBREAK DR
 Address:
 2944 DAYBREAK DR

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

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: ROBERT PROHASKA P 01/28/2009