

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002501

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1750 WEST BROADWAY STREET  
SUITE 220  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620368  
OVIDO, FL 32762

**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:**

DAVIS, KEVIN M  
1750 WEST BROADWAY STREET  
SUITE 220  
OVIDO, FL 32762 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: T  
Name: ELVEN, MARK  
Address: 11061 DAWNVIEW LN  
City-St-Zip: ORLANDO, FL 32825

Title: VP  
Name: KUSHI, MICHAEL  
Address: 11120 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

Title: S  
Name: MENDOZA, MICHELLE  
Address: 11144 SUNUP LN  
City-St-Zip: ORLANDO, FL 32825

Title: P  
Name: PROHASKA, ROBERT  
Address: 2944 DAYBREAK DR  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: FEBO, WELFREDO  
Address: 11103 SUNUP LANE  
City-St-Zip: ORLANDO, FL 32825

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: ROBERT PROHASKA

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02/23/2010

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

\_\_\_\_\_  
Date