


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90216 032 ****61.25

DOCUMENT # N01000002501

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



Principal Place of Business Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

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SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3714070** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. 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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARMICHAEL, WILLIAM	
STREET ADDRESS	3504 LAKE LYNDA DR STE 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURLSON, ASHLEY	
STREET ADDRESS	3504 LAKE LYNDA DR STE 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HERNDON, JEANNINE	
STREET ADDRESS	3504 LAKE LYNDA DR STE 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Rues	
STREET ADDRESS	11049 Dawnview Ln	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIS EYEN	
STREET ADDRESS	11061 Dawnview Ln	
CITY-ST-ZIP	ORL. FL. 32825	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Mendoza	
STREET ADDRESS	1114 SUNUP LN.	
CITY-ST-ZIP	ORL. FL. 32825	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Wireman	
STREET ADDRESS	2824 Daybreak DR.	
CITY-ST-ZIP	ORL. FL. 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry Rues **REQUIRE** Harry Rues 3/20/2003 (407) 381-5918

CR2E037 (10/02)