

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13778 (8)

1. Corporation Name

SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO,
INC.

Principal Place of Business

Mailing Address

1038 SUMMER LAKES DR.
ORLANDO FL 32835-2126

1038 SUMMER LAKES DR.
ORLANDO FL 32835-2126



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLINCHUM, MICHAEL
948 SUMMER LAKES DR.
ORLANDO FL 32835

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

T

☐ DELETE

NAME

PARKS, DONNA M

STREET ADDRESS

1004 NIN ST.

CITY-ST-ZIP

ORLANDO FL

TITLE

P

☐ DELETE

NAME

FLINCHUM, MIKE

STREET ADDRESS

948 SUMMER LAKES DR

CITY-ST-ZIP

ORLANDO FL

TITLE

S

☒ DELETE

NAME

SZASZ, BARBARA

STREET ADDRESS

985 SUMMER LAKES DR

CITY-ST-ZIP

ORLANDO FL

TITLE

D

☐ DELETE

NAME

STEFFEN, MARCIA

STREET ADDRESS

1052 NIN ST.

CITY-ST-ZIP

ORLANDO FL

TITLE

S

☐ DELETE

NAME

LOMAX, CAROL

STREET ADDRESS

945 SUMMER LAKES DR.

CITY-ST-ZIP

ORLANDO FL

TITLE

VP

☐ DELETE

NAME

KIMAK, JOHN

STREET ADDRESS

1028 SUMMER LAKES DR.

CITY-ST-ZIP

ORLANDO FL

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

Danny Long

1.3 STREET ADDRESS

1051 Nin St

1.4 CITY-ST-ZIP

Orlando, FL 32835

2.1 TITLE

D

☐ Change ☒ Addition

2.2 NAME

Tony Diehl

2.3 STREET ADDRESS

7505 Summerlakes Ct.

2.4 CITY-ST-ZIP

Orlando, FL 32835

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

John Daly

3.3 STREET ADDRESS

944 Summerlakes Dr.

3.4 CITY-ST-ZIP

Orlando, FL 32835

4.1 TITLE

D

☐ Change ☒ Addition

4.2 NAME

Dan Maher

4.3 STREET ADDRESS

7517 Summerlakes Ct.

4.4 CITY-ST-ZIP

Orlando, FL 32835

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna M Parks

3/18/96

Date

407-292-1700

Daytime Phone #

Donna M. Parks, President

CR2E037 (12/95)