

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 027 ****61.25

DOCUMENT # N34256
 1. Entity Name
 THE SUMMIT-NORTH ASSOCIATION, INC.



Principal Place of Business
 1900 SUMMIT PARK DRIVE
 SUITE 750
 ORLANDO, FL 32810 US

Mailing Address
 1900 SUMMIT PARK DRIVE
 SUITE 750
 ORLANDO, FL 32810 US

40077024



2. Principal Place of Business - No P.O. Box #
 600 Northlake Blvd.

Suite, Apt. #, etc.
 Suite 110

City & State
 Altamonte Springs, FL

Zip Country
 32701 USA

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2969971

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RADER, SHAWN G
 215 NORTH EOLA DRIVE
 ORLANDO, FL 32801

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 _____

Filing Fee is \$61.25 Due by May 1, 2007

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	D	<input checked="" type="checkbox"/> Delete
NAME	IVEY, KEITH	
STREET ADDRESS	1900 SUMMIT PARK DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDENBERG, NANCY	
STREET ADDRESS	1900 SUMMIT PARK DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, MARGIE	
STREET ADDRESS	1900 SUMMIT PARK DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shorten, Rose	
STREET ADDRESS	600 Northlake Blvd., Ste 110	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strom, Diane	
STREET ADDRESS	600 Northlake Blvd., Ste 110	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Margie	
STREET ADDRESS	600 Northlake Blvd., Ste 110	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
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		
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 exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Shorten Date: 4/23/07 (407) 831-1400