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 # N35223

1. Corporation Name

SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3490 East Lake Road Suite C Palm Harbor, FL 34685	PO Box 1448 Palm Harbor, FL 34682

3. Date Incorporated or Qualified: 11/14/1989

3a. Date of Last Report: 1995

4. FEI Number: 59-2978946 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

[redacted]DOMINICK SCANNAVINO
MANAGEMENT AND ASSOCIATES
3490 East Lake Road, Suite C
Palm Harbor, FL 34685

10. Name and Address of New Registered Agent

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] Agent 08-15-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P/D	☐ DELETE
NAME	HUDSON, DAWN	
STREET ADDRESS	4750 Westerly Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	V/D	☐ DELETE
NAME	DORAN, JOSEPHINE	
STREET ADDRESS	7026 Whittington Court	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	T/D	☐ DELETE
NAME	STETTLER, WILLIAM	
STREET ADDRESS	4839 Westerly Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	S/D	☐ DELETE
NAME	HOOKER, LINDA	
STREET ADDRESS	7119 Whittington Court	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	☐ DELETE
NAME	REECE, LAURENCE	
STREET ADDRESS	4964 Wellbrook Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	400001928064	☐ Change ☐ Addition
52 NAME	-08/21/96--01024--034	
53 STREET ADDRESS	***61.25	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

8-20-96

CR2E037 (12/95)

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)(i), 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: [signature] Agent 4-30-96 813-789-1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] President