FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N35223** **(9)**

1. Corporation Name
SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business
3490 EAST LAKE RD.
STE. C
PALM HARBOR FL 34685

Mailing Address
P.O. BOX 1448
PALM HARBOR FL 34682-1448

3. Date Incorporated or Qualified: **11/14/1989**
3a. Date of Last Report: **08/20/1996**

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address — 26 Street Address; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

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

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
MANAGEMENT AND ASSOCIATES
3490 EAST LAKE RD., STE. 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: (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDSON, DAWN 4750 WESTERLEY DR. NEW PORT RICHEY FL 34654	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REECE, LAURENCE 4964 WELLBROOK DRIVE NEW PORT RICHEY FL 34655	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP D McCRANEY, CHERYL 4860 WELLBROOK DR NEW PORT RICHEY FL 34654 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DORAN, JOSEPHINE 7026 WHITTINGTON CT. NEW PORT RICHEY FL 34654	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STETTLER, WILLIAM 4839 WESTERLY DR. NEW PORT RICHEY FL 34654	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP D JOSEPH, FRANK 7027 WHITTINGTON COURT NEW PORT RICHEY FL 34654 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOOKER, LINDA 7119 WHITTINGTON COURT NEW PORT RICHEY FL 34654	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP TSD — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUDSON, DAWN 4752 WESTERLY DRIVE NOEW PORT RICHEY FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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] Dawn Hudson 3/4/97 (813)372-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068584