FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, IN C.

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						B B	DID(1 MIDI) 1881	
3480 EAST LAKE RD.		P.O. BOX 1448		3. Date incorporated or Qualified	 -			
STE. C		PALM HARBOR FL 34682		11/14/1989				
PALM HARBOR FL 34685				4. FEI Number	TIA	pplied For		
					1	—		
9 Principal 9	Noo of Business	2a. Mailing Address			59-2978946		ot Applicable	
2. Principal Place of Business		— т		5. Certificate of Status Desired		Additional		
Suite, Apt. #, etc.		26 Cuita A=4 # ata	Suite, Apt. #, etc.				equired	
	#, e[C.	—	—		6. Election Campaign Financing Trust Fund Contribution	\$5.00		
City & State		City & State		1704.1.4.1.0.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
_	е				7. Is this nonprofit corporation a homeowners association?			
23		28			L Yes No			
Zíp	Country	Zip	Country		8. This corporation owes or has paid the			
24	25	29 30	0		Personal Property Tax due June 30.		No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
SCANNAVINO, DOMINICK				82 Street Address (P.O. Box Number is Not Acceptable)				
MANAGEMENT AND ASSOCIATES								
3490 EAST LAKE RD., STE. C								
PALM HARBOR FL 34685			1	0::		Tool 7		
			84	City	F	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 ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	PD	ALA DELETE	1.1 TITLE			Change	Addition	
NAME	HUDSON, DAWN 12		1.2 NAME	ſ	•		j	
STREET ADDRESS			1.3 STREET	LDDDECC				
CITY-ST-ZIP			1.4 CITY-ST					
TITLE	D	☐ DELETE	2.1 TITLE	-ZIP	S	X Change	Addition	
			į.	- {	~	ZZI Onange		
HAME			2.2 NAME					
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		2.3 STREET ADDRESS				Í	
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-51	T-ZIP	<u> </u>		1111111	
TITLE	VO	☐ DELETE	3.1 TITLE	- 1	P	X Change	Addition	
NAME	DORAN, JOSEPHINE		3.2 NAME					
STREET ADDRESS	7026 WHITTINGTON CT.		3.3 STREET A	ADDRESS			<u> </u>	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4. CITY - ST	r-ZIP				
TITLE	D	DELETE	4.1 THILE		vp/T	Change	☐ Addition	
NAME	JOSEPH, FRANK		4. 2 NAME	ነ			j	
STREET ADDRESS	7027 WHITTINGTON COURT		4.3 STREET A	ADDRESS				
CITY-S1-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST	- ZIP				
TITLE	TSD	DELETE	5.1 TITLE		D	Change	Addition	
NAME	HOOKER, LINDA	-	5.2 NAME	Ì	Patricia Gutterman		j	
STREET ADDRESS			5.3 STREET A	ADDRESS !	7039 Whittington Ct.	•	ĺ	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CiTY-ST		New Port Richey. FL		ļ	
TITLE	CONTROLL IL	DELETE	6.1 TITLE	<u> </u>	new for t Michely, I'm	Change	Addition	
NAME			6.2 NAME	\	_ _		75	
				INDRESS	Elmner Jutterman		1	
STREET ADDRESS			6.3 STREET A	j	7039 Whittington Ct.		l	
CITY-ST-ZIP	partify that the information expedied wi	th this filing does not quelify for t	6.4 C//Y-ST		New Port Richey FT.	costifu that the	information	

I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Stiffufes. I further certify that the informatio 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.