FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

AM 8:56

DOCUMENT # N35223

1. Corporation Name

SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
3490 EAST LAKE RD. STE. C PALM HARBOR FL 34685	P.O. BOX 1448 PALM HARBOR FL 34682

[redacted]

2. Principal Place of Business 21 1050-A EAST LAKE	2a. Mailing Address 26 1050-A EAST LAKE	3. Date Incorporated or Qualified 11/14/1989	
Suite, Apt. #, etc. 22 WOODLANDS PKWY	Suite, Apt. #, etc. 27 WOODLANDS PKWY.	4. FEI Number 59-2978946	Applied For / Not Applicable
City & State 23 Oldsmar, FL	City & State 28 Oldsmar, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 34677 Country 25 US	Zip 29 34677 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCANNAVINO, DOMINICK MANAGEMENT AND ASSOCIATES 3490 EAST LAKE RD., STE. C PALM HARBOR FL 34685	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1050-A EAST LAKE Woodlands PKWY. 83 84 City Oldsmar FL 85 Zip Code 34677

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	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUTTERMAN, ELMNER		1.2 NAME		
STREET ADDRESS	7039 WHITTINGTON CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCRANEY, CHERYL		2.2 NAME		
STREET ADDRESS	4860 WELLBROOK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DORAN, JOSEPHINE		3.2 NAME		
STREET ADDRESS	7026 WHITTINGTON CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP		
TITLE	VPT	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	JOSEPH, FRANK		4.2 NAME	Douglas DORAN	
STREET ADDRESS	7027 WHITTINGTON COURT		4.3 STREET ADDRESS	7026 WHITTINGTON C	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	NEW PORT Richey FL 34654	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUTTERMAN, PATRICIA		5.2 NAME		
STREET ADDRESS	7039 WHITTINGTON CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	4-19-99	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOSEPHINE DORAN — 727-789-1284 X226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)