

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37219

1. Entity Name

SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O DAVID PERLMUTTER
NEW PORT RICHEY FL 34653
US

7054 WAXWING DRIVE
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3048546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	7149 WAXWING DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOOTHBY, GLORIA	
STREET ADDRESS	7034 WAXWING DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, RICHARD	
STREET ADDRESS	7018 WAXWING DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERLMUTTER, DAVID	
STREET ADDRESS	7054 WAXWING DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOOTHBY, DONALD	
STREET ADDRESS	7034 WAXWING DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEY, WHELAN	
STREET ADDRESS	7106 WAXWING DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Wirtz	
STREET ADDRESS	7103 Waxwing Dr	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Fernandez	
STREET ADDRESS	7061 Waxwing Dr	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Fernandez	
STREET ADDRESS	7061 Waxwing Dr.	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003474793--8	
CITY-ST-ZIP	-11/27/00--01001--016	
	****236.25 ****236.25	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ada Fernandez	
STREET ADDRESS	7013 Waxwing Dr.	
CITY-ST-ZIP	New Port Richey, FL 34653	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/00 727 376-7054

Date

Daytime Phone #

CR2E037 (5/00)