

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 025 ****61.25

DOCUMENT # N37219					
1. Entity Name SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8056 OLD CIRCLE 54 NEW PORT RICHEY, FL 34653 US			Mailing Address C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 5609 US 19 Suite E		3. Mailing Address 5609 US 19 Suite E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3048546	
Zip 34652		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICE, INC. 8056 OLD CR 54 NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name: Community Management Street Address (P.O. Box Number is Not Acceptable): 5609 US 19 Suite E City: New Port Richey FL Zip Code: 34652		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE VP NAME WIRTZ, ROBERT STREET ADDRESS 7103 WAXWING DR CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME MCCARRON, MARCY STREET ADDRESS 7137 WAXWING DR CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete				
TITLE SD NAME MARTIN, KIMBERLY STREET ADDRESS 7144 WAXING DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete				
TITLE D NAME BROWN, PAUL STREET ADDRESS 7212 WAX WING DR CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete				
TITLE D NAME SCOLLO, ROY STREET ADDRESS 7035 WAXWING DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete				
TITLE D NAME PLANAGAN, GARY STREET ADDRESS 7014 WAXWING DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE VP NAME Jim Martin STREET ADDRESS 7144 Waxwing Drive CITY-ST-ZIP New Port Richey, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE Stolly NAME Murdock STREET ADDRESS 7209 Waxwing Drive CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE Katherine NAME Topchi STREET ADDRESS 7100 Waxwing Drive CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Jared Vens STREET ADDRESS 4701 Wellbrook Dr. CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Barbara munday STREET ADDRESS 7018 Waxwing Drive CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/28/06 Daytime Phone #: 27869900					