

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37219

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-3048546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES, INC.  
5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: MARTIN, KIM  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: POTCHIK, TERRY  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD  
Name: VIENS, DANA  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: MURDOCK, SCOTT  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD  
Name: TOPCHI, KATHERINE  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM JOHNSON

RA

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date