

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90683 043 \*\*\*\*61.25

**DOCUMENT # N37219**

1. Entity Name

**SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, IN C.**



Principal Place of Business

**7100 WAXWING DRIVE  
NEW PORT RICHEY FL 34653  
US**

Mailing Address

**7100 WAXWING DRIVE  
NEW PORT RICHEY FL 34653  
US**

10000100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3048546**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NICHOLAS, BEVERLY  
7100 WAXWING DRIVE  
NEW PORT RICHEY FL 34653**

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. I am familiar with, and accept the obligations of registered agent.

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**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME **WIRTZ, ROBERT**  
STREET ADDRESS **7103 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PAUL BROWN**  
STREET ADDRESS **7212 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **T** ☐ Delete  
NAME **NICHLOAS, BEVELRY**  
STREET ADDRESS **7100 WAXWING DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **LINDA BROWN**  
STREET ADDRESS **7212 WAXWING DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **P** ☐ Delete  
NAME **KUNTZ, BRENDA**  
STREET ADDRESS **7132 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **DON FERRUCI**  
STREET ADDRESS **7021 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☒ Delete  
NAME **PERLMUTTER, DAVE**  
STREET ADDRESS **7054 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PAUL GLAAB**  
STREET ADDRESS **7143 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete  
NAME **FERNANDEZ, ADA**  
STREET ADDRESS **7013 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **SCOTT SHEA**  
STREET ADDRESS **7118 WAXWING DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete  
NAME **CULLY, WHELAN**  
STREET ADDRESS **7106 WAXWING DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PHIL SWIATOCHA**  
STREET ADDRESS **7150 WAXWING DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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: **Beverly J. Nicholas** 1/6/03 727-372-1209

CR2E037 (10/02)