


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90027 017 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N93000005185</b>  |  |
| 1. Entity Name<br><b>SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>COASTAL MGT.<br/>6710 SUITE 204 EMBASSY BLVD.<br/>PORT RICHEY, FL 34668 US</b> | Mailing Address<br><b>P.O. BOX 1407<br/>PORT RICHEY, FL 34673 US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

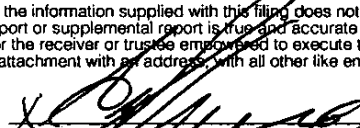
|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><br>Zip Country | City & State<br><br>Zip Country |
|---------------------------------|---------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MYSZKAWIAN, MARY ANN<br/>6710 EMBASSY BLVD SUITE 204<br/>PORT RICHEY, FL 34668</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |
| DATE _____  |  |

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

|  |   |   |   |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHNSON, ALLEN<br>4423 STONES RIVER ST.<br>NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Mike Whirlow<br>4221 Savage Station Cir<br>New Port Richey, FL 34653<br>Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JOHNSON, SHARON<br>4423 STONES RIVER CT.<br>NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HALL, RICHARD<br>4216 SAVAGE STATION CIRCLE<br>NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BATALLO, CARMEN<br>4106 SAVAGE STATION CIRCLE<br>NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDP<br>PATEL, WILLIAM<br>4052 SAVAGE STATION CIRCLE<br>NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHERENZIA, PETER<br>4719 WOLFRAM LANE<br>NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input 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. |  |
| <b>SIGNATURE:</b>   | <b>4-28-07</b><br>Date Daytime Phone # |

40110284



04062007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>85-0489964</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|