

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005889

FILED
May 02, 2005
Secretary of State

Entity Name: SUMTER LAKE ESTATES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5665 N SUMTER BLVD
N PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

5665 N SUMTER BLVD
N PORT, FL 34286

New Mailing Address:

FEI Number: 59-3431994 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

METKER, ROBERT E
5665 N SUMTER BLVD
N PORT, FL 34286 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: PD () Delete
Name: METKER, ROBERT E
Address: 5665 N SUMTER BLVD
City-St-Zip: N PORT, FL 34286

Title: TD () Delete
Name: REDMAN, STEVE
Address: 5745 N SUMTER BLVD
City-St-Zip: N PORT, FL 34286

Title: VPD () Delete
Name: METKER, RUTH
Address: 5665 N SUMTER BLVD
City-St-Zip: N PORT, FL 34286

Title: SD () Delete
Name: WAGNER, FRED
Address: 5080 HABLOW LANE
City-St-Zip: N PORT, FL 34286

Title: SD () Delete
Name: WAGNER, ANNA
Address: 5080 HABLOW LANE
City-St-Zip: N PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. METKER

PD

05/02/2005

Electronic Signature of Signing Officer or Director

Date