FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13778 (8)

1. Corporation Name
SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1038 SUMMER LAKES DR. ORLANDO FL 32835-2126	1038 SUMMER LAKES DR. ORLANDO FL 32835-2126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1986
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2877217 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $69.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KIMAK, JOHN
1026 SUMMER LAKES DRIVE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: Michael Flinchum
82 Street Address (P.O. Box Number is Not Acceptable): 948 Summer Lakes Dr.
83
84 City: Orlando, FL 85 Zip Code: 32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael Flinchum 3-16-95
Signature of the printed name of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINAY, NANCY DELETE 1049 SUMMER LAKES DR ORLANDO FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER Donna M. Parks 1004 Nin St. Orlando, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT FLINCHUM, MIKE 948 SUMMER LAKES DR ORLANDO FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D Paul Scott 1033 Summer Lakes Dr. Orlando 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SZASZ, BARBARA SECRETARY 985 SUMMER LAKES DR ORLANDO FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D Danny Long 1051 Nin St. Orlando, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINGIONE, ALISON 1001 NIN ST ORLANDO FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D Marcia Steffen 1052 Nin St. Orlando, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILLIMAN, SARAH DELETE 1024 NIN ST ORLANDO FL 32835	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D Carol Lomax 945 Summer Lakes Dr. Orlando, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES John Kimak 1026 Summer Lakes Dr. Orlando, FL 32835	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Parks/Treas Donna M. Parks 3-16-95 292-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0034884