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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13778 (8)

1. Corporation Name

SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.



Principal Place of Business

1038 SUMMER LAKES DR.
ORLANDO FL 32835-2126

Mailing Address

1038 SUMMER LAKES DR.
ORLANDO FL 32835-5126

3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

FLINCHUM, MICHAEL
948 SUMMER LAKES DR.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

DAN MAHER

82 Street Address (P.O. Box Number is Not Acceptable)

7517 Summer Lakes Ct

83

84 City

Orlando

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE DANIEL MAHER

Daniel Maher

3-4-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	DELETE
NAME	PARKS, DONNA M	
STREET ADDRESS	1004 NIN ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	DELETE
NAME	FLINCHUM, MIKE	
STREET ADDRESS	948 SUMMER LAKES DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	LONG, DANNY	
STREET ADDRESS	1051 NIN STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	Secretary	DELETE
NAME	STEFFEN, MARCIA	
STREET ADDRESS	1052 NIN ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	DELETE
NAME	LOMAX CAROL	
STREET ADDRESS	945 SUMMER LAKES DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VP DIRECTOR	DELETE
NAME	KIMAK, JOHN	
STREET ADDRESS	1026 SUMMER LAKES DR.	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	DAN MAHER	
1.3 STREET ADDRESS	7517 Summer Lakes Ct	
1.4 CITY - ST - ZIP	Orlando, FL 32835	
2.1 TITLE	V. PRES.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	LARRY Pabst	
2.3 STREET ADDRESS	7500 Summer Lakes Ct	
2.4 CITY - ST - ZIP	Orlando, FL 32835	
3.1 TITLE	ASST. SEC	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	LINNEA MALONEY	
3.3 STREET ADDRESS	1041 NIN ST	
3.4 CITY - ST - ZIP	Orlando, FL 32835	
4.1 TITLE	CORRESP. SEC	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	TAMMY TAYLOR	
4.3 STREET ADDRESS	1044 NIN ST	
4.4 CITY - ST - ZIP	Orlando, FL 32835	
5.1 TITLE	ARC Laison	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME	TONY Diehl	
5.3 STREET ADDRESS	7505 Summer Lakes Ct	
5.4 CITY - ST - ZIP	Orlando, FL 32835	
6.1 TITLE	DIR.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	JOHN DAILY	
6.3 STREET ADDRESS	944 Summer Lakes Dr	
6.4 CITY - ST - ZIP	Orlando, FL 32835	

14. I do 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 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 *Donna M. Parks* 3-4-97 407-292-1700

CR2E037 (9/96)