

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13778

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 32835-2126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2877217	
24 Country		29 Country		30 Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KIMAK, JOHN 1026 SUMMERLAKES DR ORLANDO FL 32835				81 Name Doug Meredith	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				976 Summer Lakes Dr.	
				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 <i>[Signature]</i> Doug Meredith, Pres. 3-10-99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE Sargent at arms					
1.2 NAME MARVIN Smith					
1.3 STREET ADDRESS 1049 Summer Lakes Dr					
1.4 CITY-ST-ZIP Orlando, FL 32835					
2.1 TITLE D					
2.2 NAME Brian molthrop					
2.3 STREET ADDRESS 1049 Summer Lakes Dr					
2.4 CITY-ST-ZIP Orlando, FL 32835					
3.1 TITLE Treasurer					
3.2 NAME DAVID Wentworth					
3.3 STREET ADDRESS 1000 Summer Lakes Dr					
3.4 CITY-ST-ZIP Orlando, FL 32835					
4.1 TITLE D					
4.2 NAME CRAIG Whitaker					
4.3 STREET ADDRESS 7520 Summer Lakes Ct					
4.4 CITY-ST-ZIP Orlando, FL 32835					
5.1 TITLE ARC Laison					
5.2 NAME Vicky Whitaker					
5.3 STREET ADDRESS 7520 Summer Lakes Ct					
5.4 CITY-ST-ZIP Orlando, FL 32835					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3-10-99 407-295-9809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #