

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90123 047 \*\*\*\*61.25

**DOCUMENT # N94000003923**

1. Entity Name

**THE OAKS OF SUMMIT LAKE HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

731 VASSAR STREET  
 ORLANDO FL 32804

731 VASSAR STREET  
 ORLANDO FL 32804

00052554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

321 Ridge Ct  
 Suite, Apt. #, etc.

P.O. Box 2314  
 Suite, Apt. #, etc.

City & State

City & State

Apopka FL

Apopka FL

4. FEI Number

59-3312229

Applied For

Not Applicable

Zip

Country

32712

Orange

Zip

Country

32704-2314

Orange

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMETREE, PAUL A  
 731 VASSAR STREET  
 ORLANDO FL 32804

Name Sharon McLeod  
 Street Address (P.O. Box Number is Not Acceptable)  
 321 Ridge Ct  
 City Apopka FL Zip Code 32712

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.

SIGNATURE

*Sharon McLeod*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMETREE, PAUL A	
STREET ADDRESS	731 VASSAR STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMETREE, ELLEN C	
STREET ADDRESS	731 VASSAR STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPECK, DONNA C	
STREET ADDRESS	731 VASSAR STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP, D	<input type="checkbox"/> Delete
NAME	MCLEOD, SHARON	
STREET ADDRESS	321 RIDGE CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Katherine Chrzanowski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	307 Lookout Lane	
STREET ADDRESS	Apopka, FL 32712	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Sharon	
STREET ADDRESS	321 Ridge Ct.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

*Sharon McLeod*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

407-246-0393

Date Daytime Phone #

CR2E037 (10/00)