


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 016 \*\*\*\*61.25

<b>DOCUMENT # N94000003923</b> 1. Entity Name <b>THE OAKS OF SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>307 LOOKOUT LANE APOPKA FL 32712 US</b>		Mailing Address <b>P.O. BOX 2314 APOPKA FL 32704-2314</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>CHRZANOWSKI, KATHLEEN M 307 LOOKOUT LANE APOPKA FL 32712</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
4. FEI Number <b>59-3312229</b> <span style="float: right;">Applied For Not Applicable</span>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VPD	<input type="checkbox"/> Delete	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRZANOLOSKI, KATHERINE		KATHLEEN CHRZANOWSKI
STREET ADDRESS	307 LOOKOUT LANE		307 LOOK out Lane
CITY-ST-ZIP	APOPKA FL 32712		Apopka, FL 32712
TITLE	DP	<input checked="" type="checkbox"/> Delete	MAE TAYLOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, EDWIN		309 Ridge ct
STREET ADDRESS	481 BREEZWAY		Apopka FL 32712
CITY-ST-ZIP	APOPKA FL 32712		
TITLE	TD	<input checked="" type="checkbox"/> Delete	SHARON McLeod <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, MODESTO		321 Ridge ct
STREET ADDRESS	306 LOOKOUT LANE		Apopka, FL 32712
CITY-ST-ZIP	APOPKA FL 32712		
TITLE	S	<input checked="" type="checkbox"/> Delete	ANGELES SEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORLEY-WANG, CHRISTINE		359 COMFORT DR.
STREET ADDRESS	316 HIDEOUR LANE		Apopka, FL 32712
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			
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.			
<b>SIGNATURE:</b> <i>Kathleen M. Chrzanowski</i>		Date <i>2-11-04</i> <span style="float: right;">Daytime Phone #</span>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



MOORE CR2E037 (11/03)