2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13778

FILED Apr 29, 2004 Secretary of State

Entity Name: SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business: 225 S WESTMONTE DR **SUITE 2050** ALTAMONTE SPRINGS, FL 32714 **New Mailing Address: Current Mailing Address:** 225 S WESTMONTE DR P.O. BOX 162147 **SUITE 2050** ALTAMONTE SPRINGS, FL 327162147 ALTAMONTE SPRINGS, FL 32714 FEI Number: 59-2877217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOMACK, ELLEN R 225 S WESTMONTE DR **SUITE 2050** ALTAMONTE SPRINGS, FL 32714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCOTT, THOMAS ELLIOTT, MICHAEL Name: Name: 984 SUMMER LAKES DRIVE Address: 1009 SUMMER LAKES DRIVE Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: (X) Change () Addition SMITH, MARVIN Name: FERGUSON, JUDE Name: Address: 1049 SUMMER LAKES DRIVE Address: 1026 SUMMER LAKES DRIVE City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: DST () Delete Title: (X) Change () Addition WENTWORTH, DAVID MALTESE, KEVIN Name: Name: 1000 SUMMER LAKES DRIVE 7520 SUMMER LAKES COURT Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 (X) Change () Addition Title: () Delete Title: Name: ALBERS, TODD Name: SANTONA, ENRICO 7512 SUMMER LAKES DR Address: Address: 948 SUMMER LAKES DR City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: () Change () Addition COOPER, MIKE Name: Name: 7529 SUMMERLAKES DR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition STITLER THERESA Name: Name: Address: 1051 NIN STREET Address: ORLANDO, FL 32835 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA STITLER D 04/29/2004