


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003923
1. Entity Name
**THE OAKS OF SUMMIT LAKE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
307 LOOKOUT LANE P.O. BOX 2314
APOPKA, FL 32712 US APOPKA, FL 32704-2314



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3312229 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fes Required**

6. Name and Address of Current Registered Agent
CHRZANOWSKI, KATHLEEN M
307 LOOKOUT LANE
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

000000211712
02/02/05-80130-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRZANDWSKI, KATHLEEN 307 LOOKOUT LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, MAE 309 RIDGE CT. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLEOD, SHARON 321 RIDGE CT. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIN, ANGELES 359 COMFORT DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/30/05 407-464-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #