

**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
307 LOOKOUT LANE
APOPKA, FL 32712 US

Mailing Address
P.O. BOX 2314
APOPKA, FL 32704-2314



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3312229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05

Date

407-464-3837

Daytime Phone #