


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRZANDWSKI, KATHLEEN	
STREET ADDRESS	307 LOOKOUT LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, MAE	
STREET ADDRESS	309 RIDGE CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEOD, SHARON	
STREET ADDRESS	321 RIDGE CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEIN, ANGELES	
STREET ADDRESS	359 COMFORT DR.	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000427591
02/21/06-80012-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Kathleen Moore 407-464