2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N13778

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

Current Principal Place of Business:

225 S WESTMONTE DR
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 59-2877217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DR
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: COOPER, MIKE
Address: 7529 SUMMER LAKES COURT
City-St-Zip: ORLANDO, FL 32835

Title: DVP ( ) Delete
Name: FRANCE, THANA
Address: 1010 SUMMER LAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: S/T ( ) Delete
Name: ALTMANN, GABI
Address: 1029 SUMMER LAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: ALTMANN, TICO
Address: 1029 SUMMER LAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: MOLTRUP, BRIAN
Address: 1049 SUMMER LAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: ALTMANN, TICO
Address: 1029 SUMMER LAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELLEN R. WOMACK A 04/09/2007

Electronic Signature of Signing Officer or Director — Date