

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2009
Secretary of State**

DOCUMENT# N94000003923

Entity Name: THE OAKS OF SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

482 BREEZEWAY DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2314
APOPKA, FL 327042314

New Mailing Address:

FEI Number: 59-3312229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, ALISON H
482 BREEZEWAY DRIVE
APOPKA, FL 32712 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: P () Delete
Name: ATKINS, ALISON H
Address: 482 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: TOWERY, PATRICIA
Address: 457 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: RUIZ, STEPHANIE
Address: 452 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: ACITO, JOSEPH
Address: 446 BREEZEWAY DRICE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BARTELLL, MARLO
Address: 314 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V (X) Change () Addition
Name: BARTELL, TIMOTHY
Address: 314 BREEZEWAY DRICE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify 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: ALISON H. ATKINS

Electronic Signature of Signing Officer or Director

PRES

02/26/2009

Date