

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90163 029 ****61.25

DOCUMENT # N94000003923

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



Principal Place of Business

**321 RIDGE COURT
APOPKA FL 32712**

Mailing Address

**P.O. BOX 2314
APOPKA FL 32704-2314**

2. Principal Place of Business

307 LOOKOUT LN

3. Mailing Address

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

Zip

Country

32712

Zip

Country

4. FEI Number **59-3312229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCLEOD, SHARON
321 RIDGE COURT
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **KATHLEEN M. CHRZANOWSKI**

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

307 LOOKOUT LN

City

APOPKA

FL

Zip Code

32712

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 **KATHLEEN M. CHRZANOWSKI - Kathleen M. Chrzanowski** 1-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 **VPD** ☐ Delete
NAME **CHRZANOLOSKI, KATHERINE**
STREET ADDRESS **307 LOOKOUT LANE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DP** ☒ Delete
NAME **SPECK, DONNA C**
STREET ADDRESS **731 VASSAR STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ Delete
NAME **MCLEOD, SHARON**
STREET ADDRESS **321 RIDGE CT.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EDWIN FERNANDEZ** ☒ Change ☐ Addition
NAME **481 BREEZWAY**
STREET ADDRESS **APOPKA FL 32712**
CITY-ST-ZIP

TITLE **MODESTO LOPEZ** ☒ Change ☐ Addition
NAME **306 LOOKOUT LN.**
STREET ADDRESS **APOPKA FL 32712**
CITY-ST-ZIP

TITLE **Sec** ☐ Change ☒ Addition
NAME **CHRISTINE Morley-Wong**
STREET ADDRESS **316 HIDEOUT LN.**
CITY-ST-ZIP **APOPKA, FL. 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **KATHLEEN M. CHRZANOWSKI** **KATHLEEN M. CHRZANOWSKI** 1-27-03

CR2E037 (10/02)