

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
307 LOOKOUT LN

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

City & State
Apopka FL

City & State

Zip
32712

Country

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
**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 NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRZANOLOSKI, KATHERINE 307 LOOKOUT LANE APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPECK, DONNA C 731 VASSAR STREET ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLEOD, SHARON 321 RIDGE CT. APOPKA FL 32712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWIN FERNANDEZ 481 BREEZWAY APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MODESTO LOPEZ 306 LOOKOUT LN. APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec CHRISTINE Morley-Wong 316 Hideout Ln. Apopka, FL. 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)