

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37219

Entity Name: SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-3048546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	MARTIN, KIM
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	D
Name	POTCHIK, TERRY
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PD
Name	VIENS, DANA
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	MURDOCK, SCOTT
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TD
Name	TOPTCHI, KATHERINE
Address	5837 TROUBLE CREEK RD
City-State-Zip:	NEW PORT RICHEY FL 34652

I hereby 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 all other like empowered.

SIGNATURE: DANA VIENS**PRESIDENT****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date