
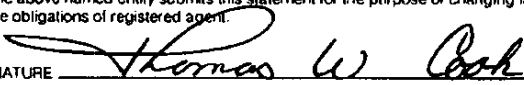
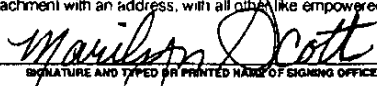


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-27-2007 90230 035 ****61.25

DOCUMENT # 728800					
1. Entity Name SUMMER LAKES CONDOMINIUM APARTMENTS ASSOCIATION, INC.					
Principal Place of Business 4949 RILMA AVENUE SARASOTA, FL 34234			Mailing Address 2107 63RD AVE E BRADENTON, FL 34203 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1864323	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SRQ PROPERTY MANAGEMENT, INC. 2107 63RD AVE E BRADENTON, FL 34203				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 4-2-07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, PATRICIA		NAME	ESTHER JAIMEZ	
STREET ADDRESS	4800 RILMA AVENUE #137		STREET ADDRESS	6511 AZURE WAY	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, DONN		NAME	EDITH DOWLING	
STREET ADDRESS	2558 RINGLING BLVD		STREET ADDRESS	4845 RILMA AVE UNIT 117	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MARILYN		NAME		
STREET ADDRESS	4800 RILMA AVENUE #147		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP		
TITLE	ND	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGILBY, STEWART W		NAME		
STREET ADDRESS	P.O. BOX 2776		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINGUEZ, OLIVIA		NAME	PHIL OWENS	
STREET ADDRESS	4845 RILMA AVE, APT 11H		STREET ADDRESS	5004 19TH AVE W.	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE: 4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE AND PHONE # 355-3236	