

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728800

FILED
Apr 14, 2009
Secretary of State

Entity Name: SUMMER LAKES CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

4949 RILMA AVENUE
SARASOTA, FL 34234

New Principal Place of Business:

1443 TALLEVAST RD
SARASOTA, FL 34243

Current Mailing Address:

2107 63RD AVE E
BRADENTON, FL 34203 US

New Mailing Address:

1443 TALLEVAST RD
SARASOTA, FL 34243 US

FEI Number: 59-1864323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SRQ PRPERTY MANAGEMENT, INC.
2107 63RD AVE E
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

SRQ PRPERTY MANAGEMENT, INC.
1443 TALLEVAST RD
SARASOTA, FL 34243 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: TOMAS W COOK

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATZ, RICHARD
Address: PO BOX 2428
City-St-Zip: SARASOTA, FL 34230

Title: PD () Delete
Name: OGILBY, STEWART
Address: PO BOX 2776
City-St-Zip: SARASOTA, FL 34230

Title: TD () Delete
Name: MELLENDER, SHARON
Address: 5511 AZURE WAY
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: ORTIZ, ANNE
Address: PO BOX 50971
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: OWENS, PHIL
Address: 5004 19TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KATZ, RICHARD
Address: PO BOX 2428
City-St-Zip: SARASOTA, FL 34230

Title: VD (X) Change () Addition
Name: JAMINEZ, ESTHER
Address: 5511 AZURE WAY
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: MELLENDER, SHARON
Address: 5511 AZURE WAY
City-St-Zip: SARASOTA, FL 34242

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

Title: PD (X) Change () Addition
Name: OWENS, PHIL
Address: 5004 19TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: D () Change (X) Addition
Name: DOWLING, EDITH
Address: 4845 RILMA AVENUE , UNIT 117
City-St-Zip: SARASOTA, FL 34234

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: PHIL OWEN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date