

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 731274 1. Entity Name THE SUMMIT OF CENTRAL FLORIDA, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAY 13 AM 9:38	
Principal Place of Business 700 E WELCH ROAD APOPKA, FL 32712-2921 US				Mailing Address 700 E WELCH ROAD APOPKA, FL 32712-2931 US			
2. Principal Place of Business		3. Mailing Address				04272004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-1923715				Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMMER, JANE 213 PEPPERTREE COURT LAKE MARY, FL 32746				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 _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____ (NOTE: Registered Agent signature required when reinstating)			
Amended AR 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DIXON, NANCY 3011 MIDDLESEX ROAD ORLAND, FL 32803	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIXON, NANCY 3011 MIDDLESEX ROAD ORLANDO, FL 32803	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUBSCHER, JUDITH 40 INTERLAKEN RD. ORLANDO, FL 32804	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUBSCHER, JUDITH 40 INTERLAKEN RD. ORLANDO, FL 32804	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLE, CHARLENE 3311-S COUNTRY CLUB DRIVE INVERNESS, FL 34450	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SOMMER, JANE 213 PEPPERTREE COURT LAKE MAY, FL 32746	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SOMMER, JANE 213 PEPPERTREE COURT LAKE MARY, FL 32746	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUGHMAN, RICHARD 6466 CYPRUS SPRINGS PARKWAY PORT ORANGE, FL 32128	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BAUGHMAN, RICHARD 6466 CYPRUS SPRINGS PARKWAY PORT ORANGE, FL 32127	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Richard E. Baughman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				RICHARD E. BAUGHMAN Date			
4/28/04 386-756-9419 Daytime Phone #							