2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/31

FILED
Feb 21, 2006 8:00 am
Secretary of State
01-31-2006 90012 033 ****61.25

66001896

DOCUMENT # 731274

1. Entity Name
THE SUMMIT OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
700 E WELCH ROAD APOPKA, FL 32712-2921 US	700 E WELCH ROAD APOPKA, FL 32712-2931 US

01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
SOMMER, JANE 213 PEPPERTREE COURT LAKE MARY, FL 32746	Name: Suzanne P. Connolly Street Address (P.O. Box Number is Not Acceptable): 700 E. Welch Road Apopka, FL 32712-2921

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: Suzanne P. Connolly Secy/Treasurer 1-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	VPD DIXON, NANCY 3011 MIDDLESEX ROAD ORLAND, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Wayne Keyes 62 Hillcrest St., Oviedo, FL 32765	☐ 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	Vice President Ken Whitmore 1338 S W Ivanhoe Blvd Orlando, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONNOLLY, SUZANNE 83 FEARRINGTON POST PITTSBORO, NC 27312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY-TREASURER Suzanne P. Connolly 83 Fearrington Post Pittsboro, NC 27312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD SOMMER, JANE 213 PEPPERTREE COURT LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Robert Hilliard 104 Old Hickory Court Longwood, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SKINNER, MARION 619 GREENBRIER BLVD ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Suzanne P. Connolly Secy/Treasurer 1-14-06 407-880-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
64001896

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

THE SUMMIT OF CENTRAL FLORIDA, INC.
700 E WELCH ROAD
APOPKA, FL 32712-2931 US

Subject: **THE SUMMIT OF CENTRAL FLORIDA, INC.**

Reference Number: **731274**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc
ANNUAL REPORTS SECTION

Sorry, form corrected —
S. Connolly
2-17-06