

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731274

FILED
Mar 14, 2007
Secretary of State

Entity Name: THE SUMMIT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

700 E WELCH ROAD
APOPKA, FL 327122921 US

New Principal Place of Business:

Current Mailing Address:

700 E WELCH ROAD
APOPKA, FL 327122931 US

New Mailing Address:

FEI Number: 59-1923715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, SUZANNE P
700 E WELCH RD
APOPKA, FL 327122921 US

Name and Address of New Registered Agent:

RIGALL, BARBARA A
700 E WELCH RD
APOPKA, FL 327122921 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: BARBARA A. RIGALL

03/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KEYES, WAYNE
Address: 62 HILLCREST ST
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: WHITMORE, KEN
Address: 1338 SW IVANHOE BLVD
City-St-Zip: ORLANDO, FL 32804

Title: ST () Delete
Name: CONNOLLY, SUZANNE P
Address: 83 FEARRINGTON POST
City-St-Zip: ORLANDO, FL 32804

Title: BMD () Delete
Name: HILLIARD, ROBERT
Address: 104 OLD HICKORY CT
City-St-Zip: LONGWOOD, FL 32750

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: KEYES, WAYNE
Address: 62 HILLCREST ST
City-St-Zip: OVIEDO, FL 32765

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

Title: SEC (X) Change () Addition
Name: LINDSAY, LEIGH ANN
Address: 209 SWEETWATER BLVD S
City-St-Zip: LONGWOOD, FL 32779

Title: PRES (X) Change () Addition
Name: HILLIARD, ROBERT
Address: 104 OLD HICKORY CT
City-St-Zip: LONGWOOD, FL 32750

Title: TREA () Change (X) Addition
Name: SHIDELER, FRANK
Address: 903 FRANKLAND RD
City-St-Zip: TAMPA, FL 33629

Title: DIR () Change (X) Addition
Name: OSMUNDSON, LINDA A
Address: 266 23RD AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA A. RIGALL

ED

03/14/2007

Electronic Signature of Signing Officer or Director

Date