2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731274

FILED Apr 22, 2009 Secretary of State

Entity Name: THE SUMMIT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 700 E WELCH ROAD APOPKA, FL 327122921 US **Current Mailing Address: New Mailing Address:** 700 E WELCH ROAD APOPKA, FL 327122931 US FEI Number: 59-1923715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TREA () Delete () Change () Addition KEYES, WAYNE Name: Name: 62 HILLCREST ST Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, JUDITH Name: WATKINS, PEGGY Name: Address: 7818 LAS CANAS COURT Address: 925 SUSAN DRIVE City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: LAKELAND, FL 33803 Title: SEC () Delete Title: () Change () Addition LINDSAY, LEIGH ANN Name: Name: Address: 209 SWEETWATER BLVD S Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: (X) Change () Addition Title: DIR () Delete Title: DIR Name: WATKINS, PEGGY Name: SCHIERHOLZ, CAROLE 925 SUSAN DRIVE Address: Address: 4103 CARROLLWOOD VILLAGE DRIVE City-St-Zip: LAKELAND, FL 33803 City-St-Zip: TAMPA, FL 33688 Title: () Delete Title: PRES (X) Change () Addition SCHIERHOLZ, CAROLE OSMUNDSON, LINDA A Name: Name: 4103 CARROLLWOOD VILLAGE DR Address: Address: 266 23RD AVE SE City-St-Zip: TAMPA, FL 33688 City-St-Zip: ST PETERSBURG, FL 33705 Title: (X) Delete Title: () Change () Addition OSMUNDSON, LINDA A Name: Name: Address: 266 23RD AVE SE Address: ST PETERSBURG, FL 33705 City-St-Zip: City-St-Zip:

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: LINDA A. OSMUNDSON PRES 04/22/2009