FILE NOW: FILING FEE IS \$61.25	FI	LE	NOW:	FILING	FEE IS	\$61.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENI # /5/50	5 (3)					
THE S	UMMIT ASSOCIATION, INC	,	1988101 (888) 51111 18881 2011 488	(Cit) 6:0((A)0((A)0()			
Principal Place	of Business	Mailing Address		n inklik skant dilin 1002 £1111 2012	3 BERK BIRKI BIRKO BIRKO AKROL BIRKO BIRKO (82)		
701 HELEN S P.O. BOX 75-		701 HELEN STR P.O. BOX 754					
US US	A FL 32/5/-//54	MOUNT DORA FL 327 US	57-7754	Date Incorporated or Qualified	3a. Date of Last Report		
	A D. C.			04/10/1981	04/20/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2219323	Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State 23)	City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees		
24	25	29	30	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,		
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R			
Allen	FOAT THART OWN C		81 Name	•			
	ron, Harlow C. Th Avenue		82 Stree	t Address (P.O. Box Number is Not Acceptabl	e)		
	DORA FL 32757		83				
							
			84 City		FL 85 Zip Code		
11. Pursuant t	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	es, the above named o	corporation submits this statement for the purps board of directors. I hereby accept the appo			
familiar wit	th, and accept the obligations of, Sect	tion 617.0503, Florida Statutes	s.	s board or directors. I hereby accept the appo	intment as registered agent. I am		
SIGNATURE _	Signature, typed or printed name of registered agent	t and fills d and only	75. D				
12.	OFFICERS AN		TE: Registered Agent signature 13.	required when reinstating: ADDITIONS/CHANGES TO OFFI	CERS AND DIDECTORS IN 10		
TITLE	DV	DELETE	1.1 TITLE		SAny Change Addition		
NAME	MIDDLETON, HARLOW C.		1.2 NAME	Fred W. Monnius	S. Me		
STREET ADDRESS	701 HELEN STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MOUNT DORA FL PD	- Druste	1.4 CITY - ST - ZIP	703 Helen Street Mount Dora, Florid	a, 32757		
NAME	MONNIUS, FRED W.	DEFELE	21 TITLE 22 NAME	VD William J. Bachana	Change		
STREET ADDRESS	703 HELEN STR		2.3 STREET ADDRESS	721 Helen Street	5		
CITY-ST-ZIP	MT DORA FL		2. 4 CITY-ST-ZIP	Mount Dora, Florid	a, 32757		
TITLE	STD	DELETE	3.1 TITLE	STD	Change Addition		
NAME	BACHANAS, WILLIAM J.		3.2 NAME	Dale George	-1		
STREET ADDRESS	721 HELEN STREET MOUNT DORA FL		3.3 STREET ADDRESS	725 Helen Street			
CITY-ST-ZIP TITLE	MOUNT DORA FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Mount Dora, Florid			
NAME			4. 2 NAME		Change Addition		
STREET ADDRESS			4 3 STREET ADDRESS	1			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME	J			
STREET ADORESS			5.3 STREET ADDRESS	ĺ			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY-ST-ZIP				
NAME		FIDELETE	6 1 TITLE 6 2 NAME		☐ Change ☐ Addition		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIF			6.4 CITY - ST - ZIP				
14. I do hereby certify that	certify that the information supplied with information indicated on this pass	with this filing is voluntarily furn	ichad and door not a	alify for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further		
oath; that	am an officer or director of the corpo	ration or the receiver or truster	uai report is true and ai empowered to execu	ccurate and that my signature shall have the s te this report as required by Chapter 617, Flor			
appears in	Block 12 or Block 12 if chall ped, or o	on an attachment with an addr	ess.	al alace a l			
SIGNAT	URE: ± NUMUN	sum of		3/22/96 904	326 3626		
	FIEC W. MC	MRINTED NAME OF SIGNING OFFICE	ROADIRECTOR	Date	Daytime Phone #		