

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																											
DOCUMENT # 757505 (3) 1. Corporation Name THE SUMMIT ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 701 HELEN STR P.O. BOX 754 MOUNT DORA FL 32757-7754 US		Mailing Address 701 HELEN STR P.O. BOX 754 MOUNT DORA FL 32757-0754 US																																																																																																																											
2. Principal Place of Business 21		2a. Mailing Address 26																																																																																																																											
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																																																																																																											
City & State 23		City & State 28																																																																																																																											
Zip 24		Country 25																																																																																																																											
Country 25		Zip 29																																																																																																																											
Country 25		Country 30																																																																																																																											
3. Date Incorporated or Qualified 04/10/1981																																																																																																																													
3a. Date of Last Report 05/01/1996																																																																																																																													
4. FEI Number 59-2219323		Applied For ☐ Not Applicable																																																																																																																											
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																											
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																																																																																																																											
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No																																																																																																																													
9. Name and Address of Current Registered Agent MIDDLETON, HARLOW C. 699 FIFTH AVENUE MOUNT DORA FL 32757																																																																																																																													
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																													
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																																																																													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>MONNIUS, FRED W.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>703 HELEN STR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MT DORA FL</td><td></td></tr><tr><td>TITLE</td><td>STD</td><td>☒ DELETE</td></tr><tr><td>NAME</td><td>BACHANAS, WILLIAM J.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>721 HELEN STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MOUNT DORA FL</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>BACHANAS, WILLIAM J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>721 HELEN ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MOUNT DORA FL</td><td></td></tr><tr><td>TITLE</td><td>STD</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>GEORGE, DALE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>725 HELEN ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MT. DORA FL</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE	PD	☐ DELETE	NAME	MONNIUS, FRED W.		STREET ADDRESS	703 HELEN STR		CITY-ST-ZIP	MT DORA FL		TITLE	STD	☒ DELETE	NAME	BACHANAS, WILLIAM J.		STREET ADDRESS	721 HELEN STREET		CITY-ST-ZIP	MOUNT DORA FL		TITLE	VD	☐ DELETE	NAME	BACHANAS, WILLIAM J		STREET ADDRESS	721 HELEN ST.		CITY-ST-ZIP	MOUNT DORA FL		TITLE	STD	☐ DELETE	NAME	GEORGE, DALE		STREET ADDRESS	725 HELEN ST.		CITY-ST-ZIP	MT. DORA FL		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>		1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	☐ Change ☐ Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	☐ Change ☐ Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	☐ Change ☐ Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	☐ Change ☐ Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Fred Monnius* 4/8/97 350 703 7754