2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2004 8:00 am
Secretary of State
03-18-2004 90042 028 ****61.25

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DOCUMENT # 757505

1. Entity Name
THE SUMMIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
729 HELEN STR P.O. BOX 754 MOUNT DORA, FL 32757-7754 US	729 HELEN STR P.O. BOX 754 MOUNT DORA, FL 32757-7754 US

03112004 Chg-NP CR2E037 (10/03)

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 59-2219323 ☐ 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
GEORGE, DALE 729 HELEN ST MT. DORA, FL 32756	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	VD SCHNEIDER, CAROL 725 HELEN ST MOUNT DORA, FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D JANET WADE 715 HELEN ST. MOUNT DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ARCHAMBO, CAROL 725 HELEN ST MOUNT DORA, FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JAMES ROBARDS 703 HELEN ST. MOUNT DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DALE, GEORGE 729 HELEN STR MOUNT DORA, FL 327577754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DALE, GEORGE 729 HELEN STREET MOUNT DORA, FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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 exemption stated in Section 119.07(3)(i), 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: _____ 3/31/04 350/978-1854
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #