

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90142 044 \*\*\*\*61.25

**DOCUMENT # 757505**

1. Entity Name

THE SUMMIT ASSOCIATION, INC.



Principal Place of Business

729 HELEN STR  
P.O. BOX 754  
MOUNT DORA, FL 32757-7754 US

Mailing Address

729 HELEN STR  
P.O. BOX 754  
MOUNT DORA, FL 32757-7754 US



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-2219323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GEORGE, DALE  
729 HELEN ST  
MT. DORA, FL 32756

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD  
NAME WADE, JANET  
STREET ADDRESS 715 HELEN ST.  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE VD  
NAME ~~ROBARDS, JAMES~~ BLOUNT, DAVID  
STREET ADDRESS ~~703 HELEN ST.~~ 701 HELEN ST.  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE PD  
NAME DALE, GEORGE GEORGE, DALE  
STREET ADDRESS 729 HELEN STR  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

DALE S. GEORGE

MARCH 11, 2005

352/393-8817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #