


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 046 ****61.25

DOCUMENT # 757505 1. Entity Name THE SUMMIT ASSOCIATION, INC.	
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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
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04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2219323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WADE, JANET 715 HELEN ST. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOUNT, DAVID LEE STINE 701 HELEN ST 705 HELEN ST MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, DALE 729 HELEN STR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **352/383-8817**
Date Daytime Phone #