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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 758514

appears in Block 12 or Block 13 if changed.

SIGNATURE:

(4)

SUMMIT CHASE VILLAS HOMEOWNERS ASSOCIATION, INC.

District Disconn	T. F. Carlotte	Marillon Ariden								(2)) 2121 (3 3)
Principal Place of Business 12430 SUMMIT CHASE DR. TAVARES FL 32778		Mailing Address 12430 SUMMIT CHASE DR. TAVARES FL 32778-4477								
						3. Date Incorporated or 0 05/26/1981	ualified		e of Last Re)1/24/19	
2. Principal Plac	ce of Business	2a. Mailing Add	Idress			4. FEI Number			Ap	oplied For
21		26	# -1-			59-2996389				ot Applicable
Suite, Apr. #, erc		Suite, Apt. #, etc. 27			5. Certificate of Status De	5. Certificate of Status Desired Sa.75 Additional Fee Required				
City & State		City & State	0			6. Election Campaign Fin Trust Fund Contribution	-		\$5.00	
23 (Zip	Country	28 Zip		Countr		This corporation has lie			Added t	
24	25	29		30	•	Florida Statutes			No	. 100.002,
	9. Name and Address of Curre	nt Registered Agen	t			10. Name and Address o	f New Re	gistered A	gent	
				81	Name					
STREETS,				82	Street	Address (P.O. Box Number is Not	Acceptab	ole)		
12503 ORANGEWOOD CIRCLE TAVARES FL 32778					83					
TAVARES	FL 32778			[63	'}					
				84	City			FL	85 Zip (Code
11. Pursuant to	the provisions of Sections 617.05 gistered agent, or both, in the Stale familiar with, and accept the oblig	02 and 617.1508, Fig	orida Statut	es, the abov	e-named	corporation submits this statemen	t for the p		changing it	ts registered
	nstered agent, or both, in the State	e of Florida. Such chi	ange was a	authorized b	y the corp	poration's board of directors. I here	eby accer	of the appo	intment as	registerea
office or reg agent I am	familiar with, and accept the oblic	gations of, Section 61	17.0503, Fid	orida Statute	\$.					
SIGNATURE			17. 0 503, Fid	orida Statute	·S.					
SIGNATURE , sign	quatura, typed or printed numeral registered as	gent and title if applicable		E Registered Ag		required when reinslating)		DATE		
SIGNATURE , sign	quatine, typed or printed name of registered ag OFFICERS AN	gen and the if applicable	(NOT	E Registered Ag		required when reinslating) ADDITIONS/CHANGES		DATE CERS AND	DIRECTOR	RS IN 12
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