

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758514

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** SUMMIT CHASE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12430 SUMMIT CHASE DR.  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

12430 SUMMIT CHASE DR.  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 59-2996389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, VIRGINIA  
12418 ORANGEWOOD CIRCLE  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

DAVIS, HUGH  
803 E. DIXIE AVE  
LEESBURG, FL 34748 US

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.

SIGNATURE: HUGH DAVIS

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURPHY, MARY A  
Address: 12442 ORANGE WOOD CIR  
City-St-Zip: TAVARES, FL 32778

Title: VPD ( ) Delete  
Name: BILLAR, KATHY  
Address: 6100 BOUNTY CT  
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete  
Name: BROWN, MARYJANE  
Address: 12426 ORANGE WOOD  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: FREEMAN, CINDY  
Address: 12433 ORANGE WOOD CIR  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHLOEGEL, MARGE  
Address: 12533ORANGE WOOD COURT  
City-St-Zip: TAVARES, FL 32778

Title: VPD (X) Change ( ) Addition  
Name: FREEMAM, CYNTHIA  
Address: 12466 ORANGEWOOD CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ALLCORN, PAT  
Address: 12413 SUMMITT CHASE DR.  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGE SCHLOEGEL

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date