## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#758514**

FILED Feb 18, 2009 Secretary of State

Entity Name: SUMMIT CHASE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12430 SUMMIT CHASE DR. TAVARES, FL 32778 **Current Mailing Address: New Mailing Address:** 12430 SUMMIT CHASE DR. TAVARES, FL 32778 FEI Number: 59-2996389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SCHLOEGEL, MARGE DARROW, MARION Name: Name: 12533ORANGE WOOD COURT Address: 124210RANGE WOOD CIRCLE Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: (X) Change ( ) Addition FREEMAM, CYNTHIA Name: FREEMAM, CYNTHIA Name: Address: 12466 ORANGEWOOD CIRCLE Address: 12433 ORANGEWOOD CIRCLE City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: (X) Change ( ) Addition BROWN, MARYJANE SEEBECK, LYNETTE Name: Name: 12426 ORANGE WOOD 12409 SUMMIT CHASE DRIVE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 Title: SD ( ) Delete Title: () Change () Addition Name: ALLCORN, PAT Name: 12413 SUMMITT CHASE DR. Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LAWYER, CLAIRE Name: Name: 12446 ORANGEWOOD CIRCLE Address: Address: TAVARES, FL 32778 City-St-Zip: City-St-Zip:

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: MARION DARROW P 02/18/2009