


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90028 035 ****61.25

DOCUMENT # 765291 1. Entity Name SUMMIT PLACE ASSOCIATION, INC.					
Principal Place of Business 501 OLD HWY 441 MT. DORA, FL 32757			Mailing Address 501 OLD HWY 441 MT. DORA, FL 32757		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HOMAN, HELEN D 501 W OLD HWY #402 MOUNT DORA, FL 32757				7. Name and Address of New Registered Agent Name Mildred E. Brown Street Address (P.O. Box Number is Not Acceptable) 501 Old Hwy 441 Apt 305 City Mount Dora FL Zip Code 32757	
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 <u>Mildred E. Brown</u> DATE <u>MARCH 14, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MCDONALD, JACK STREET ADDRESS 501 OLD HWY 441 APT 201 CITY-ST-ZIP MT. DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Laddie L. Valis STREET ADDRESS 501 Old Hwy 441 Apt 205 CITY-ST-ZIP Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HOMAN, HELEN STREET ADDRESS 501 OLD HWY 441 APT 402 CITY-ST-ZIP MT. DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Mildred E. Brown STREET ADDRESS 501 Old Hwy 441 Apt 305 CITY-ST-ZIP Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME WILSON, ED STREET ADDRESS 501 OLD HWY. #206 CITY-ST-ZIP MT. DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Jack McDonald STREET ADDRESS 501 Old Hwy 441 Apt 201 CITY-ST-ZIP Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BEDSOLE, BETTY STREET ADDRESS 501 OLD HWY. 441 #401 CITY-ST-ZIP MT DORA, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DOERNER, CHARLES J STREET ADDRESS 501 OLD HWY. 441 #106 CITY-ST-ZIP MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fern Leach STREET ADDRESS 501 Old Hwy 441 Apt 302 CITY-ST-ZIP Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/14/05</u> Daytime Phone # <u>352-735-0490</u>		

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