

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

40030410



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03052005 Chg-NP CR2E037 (10/03)

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 Mildred E. Brown (NOTE: Registered Agent signature required when reinstating)
 DATE MARCH 14, 2005

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$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 STREET ADDRESS CITY-ST-ZIP	MC DONALD, JACK 501 OLD HWY 441 APT 201 MT. DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Laddie L. Valis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Old Hwy 441 Apt 205 Mount Dora, FL 32757
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	HOMAN, HELEN 501 OLD HWY 441 APT 402 MT. DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Mildred E. Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Old Hwy 441 Apt 305 Mount Dora, FL 32757
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	WILSON, ED 501 OLD HWY. #206 MT. DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Jack McDonald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Old Hwy 441 Apt 201 Mount Dora, FL 32757
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	BEDSOLE, BETTY 501 OLD HWY. 441 #401 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 STREET ADDRESS CITY-ST-ZIP	DOERNER, CHARLES J 501 OLD HWY. 441 #106 MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Fern Leach <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Old Hwy 441 Apt 302 Mount Dora, FL 32757
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: [Signature] 3/14/05 352-735-0490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #