


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 033 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, MILDRED E 501 W OLD HWY 441 APT 305 MOUNT DORA, FL 32757				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALIS, LADDIE L <input checked="" type="checkbox"/> Delete		NAME	Jack McDonald	
STREET ADDRESS	501 OLD HWY 441 APT 205		STREET ADDRESS	501 Old Hwy 441 Apt 201	
CITY-ST-ZIP	MT. DORA, FL 32757		CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MILDRED E		NAME		
STREET ADDRESS	501 OLD HWY 441 APT 305		STREET ADDRESS		
CITY-ST-ZIP	MT. DORA, FL 32757		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, JACK		NAME	Terry Pooler	
STREET ADDRESS	501 OLD HWY 441 APT 201		STREET ADDRESS	518 Zachary Dr.	
CITY-ST-ZIP	MT. DORA, FL 32757		CITY-ST-ZIP	Apopka, FL 32712	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDSOLE, BETTY		NAME		
STREET ADDRESS	501 OLD HWY. 441 #401		STREET ADDRESS		
CITY-ST-ZIP	MT DORA, FL 32257		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEACH, FERN		NAME	Helen Homan	
STREET ADDRESS	501 OLD HWY 441 APT 302		STREET ADDRESS	501 Old Hwy 441 Apt 402	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Betty Bedsole</u> <u>Betty Bedsole</u> <u>2/23/06</u> <u>352-383-9913</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					