

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765291

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: SUMMIT PLACE ASSOCIATION, INC.

**Current Principal Place of Business:**

501 OLD HWY 441  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

501 OLD HWY 441  
MT. DORA, FL 32757

**New Mailing Address:**

FEI Number: 59-2411569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARVER, KAREN  
605 CTR ST  
MOUNT DORA, FL 32757 US

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

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:**

Title: PD ( ) Delete  
Name: DOERNER, CHARLES  
Address: 501 W OLD HWY 441 APT 106  
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD ( ) Delete  
Name: GRANDE, JAMES  
Address: 34 STORAGE LANE  
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: TD ( ) Delete  
Name: BEDSOLE, BETTY  
Address: 501 OLD HWY. 441 #401  
City-St-Zip: MT DORA, FL 32257

Title: SD ( ) Delete  
Name: HOMAN, HELEN  
Address: 501 OLD HWY 441 APT 402  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: WILSON, ED  
Address: 501 W OLD HWY 441 APT 206  
City-St-Zip: MOUNT DORA, FL 32757

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

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

Title: D (X) Change ( ) Addition  
Name: GRANDE, JAMES  
Address: 34 STORAGE LANE  
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: TD (X) Change ( ) Addition  
Name: BEDSOLE, BETTY  
Address: 2515 S. ATLANTIC AVE UNIT 201  
City-St-Zip: DAYTONA BEACH, FL 32118

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

Title: VPD (X) Change ( ) Addition  
Name: WILSON, ED  
Address: 501 W OLD HWY 441 APT 206  
City-St-Zip: MOUNT DORA, FL 32757

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: KAREN CARVER

CAM

02/17/2009

Electronic Signature of Signing Officer or Director

Date