

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765291

FILED
Feb 21, 2010
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:

501 W. OLD HWY 441
MT. DORA, FL 32757

Current Mailing Address:

501 OLD HWY 441
MT. DORA, FL 32757

New Mailing Address:

501 W. OLD HWY 441
MT. DORA, FL 32757

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:

CARVER, KAREN
605 CENTER ST
MOUNT DORA, FL 32757 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:

02/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: WARFLE, GARY
Address: 501 W. OLD HWY 411 UNIT 303
City-St-Zip: MOUNT DORA, FL 32757

Title: TD
Name: HOM, TERRY
Address: 501 W. OLD HWY 441 UNIT 301
City-St-Zip: MOUNT DORA, FL 32757

Title: SD
Name: VALIS, PAUL
Address: 8322 FONTERA DRIVE
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D
Name: GRANDE, JIM
Address: 501 W OLD HWY 441 APT 406
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: ED WILSON

PD

02/21/2010

Electronic Signature of Signing Officer or Director

Date