

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765291

FILED
Mar 05, 2012
Secretary of State

Entity Name: SUMMIT PLACE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

501 W. 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 CENTER 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: P
Name: LAMONTAGNE, STEVE
Address: 501 W OLD HWY 441 APT 102
City-St-Zip: MOUNT DORA, FL 32757

Title: VP
Name: WAGNER, MICHAEL T
Address: 501 W. OLD HWY 411 UNIT 105
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: SEC
Name: GRANDE, JIM
Address: 501 W. OLD HWY 441 UNIT 406
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: SCARANO, ANTHONY
Address: 501 W OLD HWY 441 UNIT 303
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: KAREN CARVER

RA

03/05/2012

Electronic Signature of Signing Officer or Director

Date