## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2006 8:00 am **Secretary of State DOCUMENT # 766397** 1. Entity Name 03-15-2006 90103 035 \*\*\*\*61.25 THE SUMMIT II PROPERTY OWNERS ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 122 P.O BOX 122 **OCALA FL 34478** OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-1593907 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROSS, R SCOTT Street Address (P.O. Box Number is Not Acceptable) 108 N. MAGNOLIA AVE STE 101 OCALA FL 34475 Zip Code 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 Signature, typed & printed name of registered agent and title if ripolicable (NOTE: Registered Againt signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete THLE ☐ Change ☐ Addition COHEN-SHOWET, MARY ELLEN NAME NAM 6565 SW 18TH TERR, RD. STREET ADDRESS STREET ADDRESS C!TY - ST - ZIP OCALA FL 34471 CITY-ST-ZIP Delete TITLE TITLE hristing stone 1880 3W 61St. In Rd Ocala FL 34474 christine LANDMANN, DWIGHT NAME NAME STREET ADDRESS 6695 SW 17TH TERRACE RD. STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIP DOWN Triggs AVERD Delete TITLE TITLE ☐ Addition STONE, CHRISTINE NAME NAME Ocala FL 34474 STREET ADDRESS STREET ADDRESS 1880 SW 61ST LANE RD. OCALA FL 34474 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NARDANDREA, JOHN NAME NAME 6550 S.W. 21ST CT. RD STREET ADDRESS STREET ADDRESS CITY-ST-28P OCALA FL 34474 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LEWIS, CARROLL NAME 6800 S.W. 19TH TERR. RD. STREET ADDRESS STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIP Delete Holly Rubin 18th Terr. Rd Change TITLE Addition VERO, SHERI NAME NAME 6051 SW 18TH CT RD STREET ADDRESS STREET ADDRESS Ocala FL 34476 OCALA FL 34474 CITY-ST-ZIP CITY-ST-71P

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: White L. Stone Christian L. Stone 2(12-fdg 352-801-8080)