

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002664

FILED
Apr 23, 2005
Secretary of State

Entity Name: SUMMER LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3840 CROWN POINT ROAD
STE A
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

3840 CROWN POINT ROAD
STE A
JACKSONVILLE, FL 32257 US

New Mailing Address:

920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266 US

FEI Number: 59-3712126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 SOUTH THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 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: DP () Delete
Name: KNOWLES, MARK A
Address: 3840 CROWN POINT RD., STE. A
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DV () Delete
Name: HOLLAND, BEVERLY J
Address: 3840 CROWN POINT RD., STE. A
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D () Delete
Name: WALLACE, L. DENISE
Address: 920 SOUTH THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK A KNOWLES

P

04/23/2005

Electronic Signature of Signing Officer or Director

Date