2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO000005990 SECRETARY OF STATE 1. Entity Name SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC. 01 NOV 19 PM 5: 06 Principal Place of Business Mailing Address 7200 NW 7TH STREET SUITE 300 7200 NW 7TH STREET SUITE 300 MIAMI-FL 22126 MIAMI FL 33126 2. Principal Place of Business Mailing Address DOLDOKEECHSbee RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable country Bach \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) LEOPOLD, NORMAN 20801-BISCAYNE BLVD SUITE 501 **AVENTURA FL 33180** Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PTD  $\overline{ ext{VPD}}$ ☐ Addition Delete TITLE TITI E STEIGELE, ROBERT NAME Garica, Paul NAME 7200 NW 7TH STREET SUITE 300 STREET ADDRESS 1860 Old Okeechobee Rd., Ste 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 West Palm Beach, FL 33409 STD Delete TITLE RABIN, MICHAEL NAME Cruz, Hector NAME 7200 NW 7TH STREET SUITE 300 STREET ADDRESS STREET ADDRESS 1860 Old Okeechobee Rd., Ste. 510 CITY-ST-ZIP MIAMI FL 33126 West Palm Beach, FL TIFLE SD □ Delete TITLE Daddario, Tom DADDARIO, TOM NAME NAME STREET ADDRESS 1860 Old Okeecbobee Rd, Ste 510 7200 NW 7TH STREET SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP West Palm Beach, FL 33409 **MIAMI FL 33126** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 12/04/61-3003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP # ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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