

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 031 ****61.25

DOCUMENT # N00000005990

1. Entity Name

SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

901 NORTHPOINT PKWY
SUITE 108
WEST PALM BEACH FL 33407

Mailing Address

901 NORTHPOINT PKWY
SUITE 108
WEST PALM BEACH FL 33407

54043070



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1070281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARR, CATHIE
901 NORTHPOINT PKWY
SUITE 108
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME DV
WALDVETTER, KRISTINA
STREET ADDRESS 901 NORTHPOINT PKWY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME STD
KERIN, ROY
STREET ADDRESS 901 NORTHPOINT PKWY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME PD
WALLACE, ANDREW
STREET ADDRESS 901 NORTHPOINT PKWY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME VICE-PRESIDENT
RICH PALANINO
STREET ADDRESS 867 SUMMIT LAKE DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME Address 872 SUMMIT LAKE DR.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME OFFICE-DIRECTOR
STREET ADDRESS ADDRESS 918 Summit Lake Dr.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Address
STREET ADDRESS 836 SUMMIT LAKE DRIVE
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME SECRETARY
FRANCINE LANDESMAN
STREET ADDRESS 892 SUMMIT LAKE DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Change ☒ Addition

NAME TREASURER
FRANK Antonelli
STREET ADDRESS 778 SUMMIT LAKE DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/4