


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90173 012 ****61.25

DOCUMENT # N00000005990					
1. Entity Name SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O C.A.M.S. 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435			Mailing Address C/O C.A.M.S. 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435		
2. Principal Place of Business 314 NE 3rd Street		3. Mailing Address 314 NE 3rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Beach FL		City & State Boynton Beach FL		4. FEI Number 65-1070281	
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE, STE. 701 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DV	NAME WALDVETTER, KRISTINA		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 872 SUMMIT LAKE DR	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
TITLE OD	NAME KERIN, ROY		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 918 SUMMIT LAKE	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
TITLE PD	NAME WALLACE, ANDREW		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 836 SUMMIT LAKE DRIVE	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
TITLE V	NAME PALADINO, RICH		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 867 SUMMIT LAKE DR	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
TITLE S	NAME LANDESMAN, FRANCINE		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 892 SUMMIT LAKE DR	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
TITLE T	NAME ANTONELLI, FRANK		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 778 SUMMIT LAKE DR	CITY-ST-ZIP WEST PALM BEACH, FL 33407			NAME _____	STREET ADDRESS _____
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: _____ 4/14/5					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					