2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # N0000005990 1. Entity Name SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.					•	Secretary of State 04-25-2006 90102 019 ****61.25				
314 NE 3RD	e of Business ST EACH, FL 33435	Mailing Address 314 NE 3RD ST BOYNTON BEACH, FL 334	435		1 4 1 8 10 1 6 10 1					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State			4. FEI Number 65-1070			⊢	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desire	d 🗆	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	_		7. Name and A	ddress of New	v Registered	d Agent		
ST. JOHN, CORE & LEMME, P.A.			Name							
	UM PLACE, STE. 701 LM BEACH, FL 33401	Street A		kddress (P	ress (P.O. Box Number is Not Acceptable)					
			City				F	Zip Cod	le	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office o	r registere	d agent, or both	, in the State of	Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signat	ture required v	when reinstating)		DATE	_		
SIGNATURE		9. Election Campa Trust Fund Coni	ign Financing		\$5.00 May Be Added to Fees	F	Make che	ck payable t		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing		\$5.00 May Be	F	Make che lorida Dep	ck payable t artment of S	itate	
10.	Signeture, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Campa Trust Fund Cont	aign Financing tribution.		\$5.00 May Be Added to Fees	F	Make che lorida Dep	ck payable t artment of S	itate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

ALPREW WALLS

Date

Daytime Phone #