

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00787

FILED
Aug 21, 2007
Secretary of State

Entity Name: SUMMER LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1701 SW 127TH AVE.
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 550652
DAVIE, FL 33355

New Mailing Address:

FEI Number: 59-2419232 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNORS, JUNE L
1701 SW 127TH AVE.
DAVIE, FL 33325 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: P (X) Delete
Name: BROWN, DEAN
Address: 1640 SW 127TH LANE
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: ESSLINGER, LES
Address: 1700 SW 127TH LANE
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: OBRIEN, JOYCE
Address: 1551 129TH WAY
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: CONNORS, JUNE
Address: 1701 SW 127TH AVE.
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: ARNOLD, ROBERTA
Address: 1701 SW 127TH LANE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: BITTEL, MAUDE
Address: 12701 SW 15TH MANOR
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ESSLINGER, LES
Address: 1700 SW 127TH LANE
City-St-Zip: DAVIE, FL 33325

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

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 exemption stated 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 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: JUNE L CONNORS

SEC

08/21/2007

Electronic Signature of Signing Officer or Director

Date