

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N02000005762

**Entity Name:** SUMMER OAKS PHASE TWO OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7433 JESSAMINE DRIVE  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 466  
KATHLEEN, FL 338490466 US

**New Mailing Address:**

FEI Number: 51-0574321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLORES, RAYMOND  
7433 JESSAMINE DRIVE  
LAKELAND, FL 33810 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: PD ( ) Delete  
Name: FLORES, RAYMOND  
Address: 7433 JESSAMINE DRIVE  
City-St-Zip: LAKELAND, FL 33810 US

Title: VD ( ) Delete  
Name: ROSSICK, BRIAN  
Address: 7537 JESSAMINE DR  
City-St-Zip: LAKELAND, FL 33810 US

Title: STD ( ) Delete  
Name: MATT, NANCY  
Address: 7443 LOBLELLY AVE  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: GONZALEZ, WILLIAM C  
Address: 7509 JESSAMINE DRIVE  
City-St-Zip: LAKELAND, FL 33810 US

Title: D (X) Change ( ) Addition  
Name: RUIZ, CARLOS F  
Address: 7419 LOBLOLLY AVE  
City-St-Zip: LAKELAND, FL 33810

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: RAYMOND FLORES

PD

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date