## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N03000002633 04-25-2005 90305 047 \*\*\*\*61.25 SUMMER LAKES DISTRICT ASSOCIATION, INC. 20043604 Principal Place of Business Mailing Address 7380 MURRELL ROAD SUITE 201 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940 VIERA, FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 06-1687646 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECATOR, JAY A III Street Address (P.O. Box Number is Not Acceptable) 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME DECATOR, JAY A III 7380 MURRELL ROAD SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIERA, FL 32940 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHN, JUDITH C NAME NAME STREET ADDRESS 7380 MURRELL ROAD SUITE 201 STREET ADDRESS CITY-ST-7IP VIERA, FL 32940 CITY-ST-ZIP TITLE Delete TITLE Change: ☐ Addition MARTELL, PAUL J NAME STREET ADDRESS 7380 MURRELL ROAD SUITE 201 STREET ADDRESS CITY-ST-ZIP VIERA, FL 32940 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

61	CI	M A	THE	RF.

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4-12-05

321-242-1200

FILED

Daytime Phone #

☐ Change

■ Addition