


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002633		
1. Entity Name SUMMER LAKES DISTRICT ASSOCIATION, INC.		
Principal Place of Business 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940	Mailing Address 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940	



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1687646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DECATOR, JAY A III
7380 MURRELL ROAD SUITE 201
VIERA, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000915616
05/09/08-80019-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DECATOR, JAY A III 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JOHN, JUDITH C 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTELL, PAUL J 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 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:

Paul J. Martell **Paul J. Martell**

4-21-08

321-242-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #