

APPROVED
AND
FILED

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N03000005769

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| 1. Entity Name SUMMIT EAST HOMEOWNERS ASSOCIATION, INC. |  |
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Principal Place of Business
7129 SUMMIT DR
WINTER HAVEN, FL 33884

Mailing Address
POST OFFICE BOX 1407
WINTER HAVEN, FL 33882

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

6. Name and Address of Current Registered Agent

| | |
|--|--|
| BARNES, RANDOLPH 7129 SUMMIT DR WINTER HAVEN, FL 33884 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL 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: *Randolph Barnes - Treasurer* 11-2-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|-----------------------|--|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------|--|--|

| | | |
|--|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUSSELL, KAREN 7149 SUMMIT DR WINTER HAVEN, FL 33884 | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>PD Oscar Paz 7044 Summit Cr Winter Haven FL 33884</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RECASS, EARLEEN 7125 SUMMIT DR WINTER HAVEN, FL 33884 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>800112140638 11/09/07-01004-017 *\$61.25</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BARNES, RANDOLPH 7129 SUMMIT DR WINTER HAVEN, FL 33884 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Randolph Barnes - Treasurer 11-2-2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #