


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003397	
1. Entity Name SUMMER LAKE CONDOMINIUM ASSOCIATION, INC.	

FILED  
06 SEP 22 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3481 NW 44TH ST. FT. LAUDERDALE, FL 33309	Mailing Address 3481 NW 44TH ST. FT. LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08302006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-3610556		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALBERTELLI & ASSOCIATES, P.L. 330 A1A N. SUITE 324 PONTE VEDRA BCH, FL 32082		7. Name and Address of New Registered Agent Name <u>Joseph K. Nofil, C.P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3284 N. State Road 7</u> City <u>Lauderdale Lakes</u> FL <u>33319</u>

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 [Signature] DATE 9/1/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIX, RANDAL G 6850 N. ORACLE RD. TUCSON, AZ 85704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON KRONENBERG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 NE 28th AVENUE, #509 POMPANO BEACH, FL 33062 <u>President</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HANSON, MICHAEL J 6850 N. ORACLE RD. TUCSON, AZ 85704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARESH CHATOMAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 934 N. UNIVERSITY DRIVE, #444 CORAL SPRINGS, FL 33071 <u>VICE PRESIDENT</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENTRINGER, ERIC 6850 N. ORACLE RD. TUCSON, AZ 85704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDA HILTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2919 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306 <u>SECRETARY</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 9/1/06 K. Eckel SEP 25 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR