2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011475

FILED Apr 30, 2007 Secretary of State

Entity Name: SUMMER LAKE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business: 2811 E INDUSTRIAL PL 7ALLAHASSEE, FL 32301 Current Mailing Address:			New Prin	New Principal Place of Business:		
				431 WAVERLY ROAD TALLAHASSEE, FL 32312 New Mailing Address:		
			New Mail			
	DUSTRIAL PL SSEE, FL 323			ERLY ROAD SSEE, FL 32312		
El Number	: 20-5544881	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status	Desired ()	
lame and	d Address of	Current Registered Agent:	Name and	d Address of New Registered Ag	ent:	
THOMPSON, SUSAN S ESQ 1520 THOMASVILLE ROAD FOURTH FLOOR "ALLAHASSEE, FL 32309 US			431WAÝE	ISAACS, DAN 431WAVERLY ROAD TALLAHASSEE, FL 32312 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered a	gent, or bo	
IGNATUI	RE: DAN LE	E ISAACS		04/30/2007		
GNATUI		E ISAACS onic Signature of Registered Ag	ent	04/30/2007 Date		
		onic Signature of Registered Ag			D DIRECT	
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DFFICER: ame: ddress: ity-St-Zip: itte: ame: ddress:	Electron S AND DIRECT D (GHAZVINI, BE 2811-E INDUS TALLAHASSE D (GHAZVINI, ME	onic Signature of Registered Age CTORS:) Delete EHZAD STRIAL PLAZA DRIVE E, FL 32301) Delete EHRDAD STRIAL PLAZA DRIVE	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AN	D DIRECT	
	Electrons S AND DIRECT D (GHAZVINI, BE 2811-E INDUSTALLAHASSE D (GHAZVINI, ME 2811-E INDUSTALLAHASSE D (GHAZVINI, ME	onic Signature of Registered Age CTORS:) Delete EHZAD STRIAL PLAZA DRIVE E, FL 32301) Delete EHRDAD STRIAL PLAZA DRIVE E, FL 32301) Delete EHRAN) Delete EHRAN STRIAL PLAZA DRIVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AN () Change () Addition D (X) Change () Addition ASBURY, THOMAS 3424 DORCHESTER COURT	D DIRECT	
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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: THOMAS ASBURY D 04/30/2007