

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90043 047 \*\*\*\*61.25

<b>DOCUMENT # N35223</b> 1. Entity Name <b>SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677</b>		Mailing Address <b>1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>720 Brooker Creek Blvd. #206</b> City & State <b>Oldsmar, FL 34677</b> Zip _____		3. Mailing Address _____ _____ _____ Country _____	
6. Name and Address of Current Registered Agent  <b>SCANNAVINO, DOMINICK 1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name _____ Street Ad. <b>Scannavino, Inc.</b> <b>720 Brooker Creek Blvd. #206</b> <b>Oldsmar, FL 34677</b> City _____	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE <u><i>Dominick Scannavino</i></u>  <b>DOMINICK SCANNAVINO</b> </div> <div style="width: 35%; text-align: right;"> <u>4-2-07</u>            DATE         </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>VD</b> <input type="checkbox"/> Delete <b>POVITCH, MARGARET</b> <b>7039 MAIDSTONE CT</b> <b>NEW PORT RICHEY, FL 34653</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME	POVITCH, MARGARET	NAME	_____
STREET ADDRESS	7039 MAIDSTONE CT	STREET ADDRESS	_____
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	_____
TITLE	<b>PD</b> <input type="checkbox"/> Delete <b>BUTLER, RON</b> <b>7049 MAIDSTONE CT</b> <b>NEW PORT RICHEY, FL 34653</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME	BUTLER, RON	NAME	_____
STREET ADDRESS	7049 MAIDSTONE CT	STREET ADDRESS	_____
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	_____
TITLE	<b>TD</b> <input type="checkbox"/> Delete <b>BUTLER, APRIL</b> <b>7049 MAIDSTONE CT</b> <b>NEW PORT RICHEY, FL 34653</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME	BUTLER, APRIL	NAME	_____
STREET ADDRESS	7049 MAIDSTONE CT	STREET ADDRESS	_____
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	_____
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete <b>POVITCH, RICH</b> <b>7039 MAIDSTONE CT</b> <b>NEW PORT RICHEY, FL 34653</b>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>BROOKS, AL</b> <b>4863 WELLBROOK DR.</b> <b>NEW PORT RICHEY, FL 34653</b>
NAME	POVITCH, RICH	NAME	BROOKS, AL
STREET ADDRESS	7039 MAIDSTONE CT	STREET ADDRESS	4863 WELLBROOK DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	<input type="checkbox"/> Delete _____ _____ _____	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>DORAN, JOSEPHINE</b> <b>7026 WHITTINGTON CT.</b> <b>NEW PORT RICHEY, FL 34653</b>
NAME	_____	NAME	DORAN, JOSEPHINE
STREET ADDRESS	_____	STREET ADDRESS	7026 WHITTINGTON CT.
CITY-ST-ZIP	_____	CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	<input type="checkbox"/> Delete _____ _____ _____	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
<b>SIGNATURE:</b> <u><i>Ronald S. S. S.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3-29-2007</u> Date	
_____ Daytime Phone #		_____	