## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N35223

FILED Jan 15, 2009 Secretary of State

Entity Name: SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677 FEI Number: 59-2978946 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCANNAVINO, DOMINICK 720 BROOKER CREEK BLVD #206 OLDSMAR, FL 34677 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BUTLER, RON DORAN, JOSEPHINE Name: Name: 7049 MAIDSTONE CT Address: 7026 WHITTINGTON COURT Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: TD ( ) Delete Title: (X) Change ( ) Addition BUTLER, APRIL Name: HENDERSON, JACKIE Name: Address: 7049 MAIDSTONE CT Address: 4904 WESTERLY DRIVE City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: Title: () Change () Addition () Delete BROOKS, AL Name: Name: Address: 4803 WELLBROOK DR Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition VERRECCHIO, ROSEMARY Name: DORAN, JOSEPHINE Name: 4945 WELLBROOK DRIVE Address: 7026 WHITTINGTON CT Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: () Delete Title: ( ) Change (X) Addition MCCRANEY, CHERYL Name: Name: 4860 WELLBROOK DRIVE Address: Address: NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip:

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: JOSEPHINE DORAN PD 01/15/2009