

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35583

FILED
Apr 13, 2007
Secretary of State

Entity Name: SUMMER LAKES HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

6304 SUMMER CIRCLE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

6331 SUMMER LAKES LANE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2981372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIELER, WILLIAM N
6331 SUMMER LAKES LANE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: RAWSON, J. BRENT
Address: 6304 SUMMER CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: BURGESS, DEBRAH
Address: 6336 SUMMER LAKES COURT
City-St-Zip: PENSACOLA, FL 32504

Title: DT () Delete
Name: PIELER, WILLIAM N
Address: 6331 SUMMER LAKES LANE
City-St-Zip: PENSACOLA, FL 32504

Title: DV () Delete
Name: MILMORE, MARILYN
Address: 6343 SUMMER LAKES LANE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM N. PIELER

DT

04/13/2007

Electronic Signature of Signing Officer or Director

Date