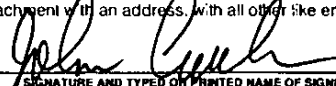


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90002 018 ****61.25

DOCUMENT # N36561 1. Entity Name SUMMIT VIEW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business VAN HART, ROBERT, H 1742 E EDGEWOOD DR LAKELAND, FL 33803 US			Mailing Address P O BOX 506 HIGHLAND CITY, FL 33846 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3144462	
5. Certificate of Status Desired ☐				Applied For ☐	
6. Name and Address of Current Registered Agent VAN HART, ROBERT H 1742 E EDGEWOOD DR LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-statuting)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD MCDANIEL, JAMES R 2742 SUMMITVIEW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD GREER, CAREY 2769 SUMMITVIEW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD STOCK, RONALD 2618 SUMMITVIEW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD CALABRESE, JOHN 2761 SUMMITVIEW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 2761 SUMMITVIEW DR
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ATD THOMPSON, JENNI 5736 SUMMITVIEW CT LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  JOHN CALABRESE 08/26/05 863-687-0818 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time phone #					
TREASURER					