


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 010 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-3144462		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
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		
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD MCDANIEL, JAMES R 2742 SUMMITVIEW DR LAKELAND, FL 33813			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33812			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD STOCK, RONALD 2618 SUMMITVIEW DR LAKELAND, FL 33813			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33812			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD CALABRESE, JOHN 2761 SUMMITVIEW DR LAKELAND, FL 33813			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33812			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Delete VD THOMPSON, JENNI 5736 SUMMITVIEW CT LAKELAND, FL 33813			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D PALEN, WALTER 2442 SUMMITVIEW DR LAKELAND, FL 33813			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD 33812			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WILLIAM CASEY 2502 SUMMITVIEW DR LAKELAND, FL 33812			
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.						
SIGNATURE: _____ JOHN CALABRESE 03-05-07 863-619-7716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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