


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90295 047 \*\*\*\*61.25

<b>DOCUMENT # N37219</b>	
1. Entity Name <b>SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>7100 WAXWING DRIVE NEW PORT RICHEY, FL 34653 US</b>	Mailing Address <b>7100 WAXWING DRIVE NEW PORT RICHEY, FL 34653 US</b>
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2. Principal Place of Business <b>8056 Old CR 54</b>	3. Mailing Address <b>8056 Old CR 54</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>New Port Richey, FL</b>	City & State <b>New Port Richey, FL</b>
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Zip <b>34653</b>	Country <b>USA</b>	Zip <b>34653</b>	Country <b>USA</b>
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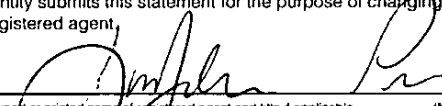
04182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3048546</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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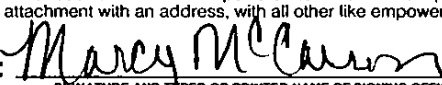
6. Name and Address of Current Registered Agent <b>NICHOLAS, BEVERLY 7100 WAXWING DRIVE NEW PORT RICHEY, FL 34653</b>	
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7. Name and Address of New Registered Agent Name <b>Community Management Svcs., Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8056 Old CR 54</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34653</b>	
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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 <b>4-19-05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$91.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIRTZ, ROBERT 7103 WAXWING DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimberly Martin 7144 Waxwing Drive New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARRON, MARY <i>McCarraon, Marcy</i> 7137 WAXWING DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy Scollo 7035 Waxwing Drive New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNTZ-BRENDA 7132 WAXWING DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Mundy- 7018 Waxwing Drive New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PAUL 7212 WAX WING DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, RAY 7061 WAXWING DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, GARY <i>Flanagan</i> 7014 WAXWING DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	