
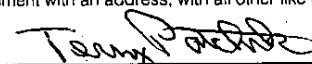


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90054 008 \*\*\*\*61.25

<b>DOCUMENT #N37219</b> 1. Entity Name <b>SUMMER LAKES TRACT 7 HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>5609 US 19 STE E. NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>5609 US 19 STE E. NEW PORT RICHEY, FL 34652 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5837 Trouble Creek Rd.</b>		3. Mailing Address <b>5837 Trouble Creek Rd.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>	
Zip <b>34652</b>		Zip <b>34652</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3048546</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COMMUNITY MANAGEMENT SERVICE, INC. 5609 US 19 STE E. NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>Community Management Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5837 Trouble Creek Rd.</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	VD <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, KIM	NAME	Mary McLarron
STREET ADDRESS	7144 WAXWING DR	STREET ADDRESS	7137 Waxwing Dr.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTCHIK, TERRY	NAME	Dana Viens
STREET ADDRESS	7103 WAXWING DR	STREET ADDRESS	4701 Wellbrook Dr.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	VIENS, JERAD	NAME	
STREET ADDRESS	4701 WELLBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MURDOCK, HOLLY	NAME	
STREET ADDRESS	7209 WAXWING DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	
NAME	TOPCHI, KATHERINE	NAME	
STREET ADDRESS	7106 WAXWING DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> 		Date <b>7-27-816-9900</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			