

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:59

DOCUMENT # N93000005185 (4)

1. Corporation Name

SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/15/1993	3a. Date of Last Report 05/01/1994
4. FEI Number APPLIED FOR 65-0489648	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
700 N.W. 107 AVE. MIAMI FL 33172		700 N.W. 107 AVE. MIAMI FL 33172	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, DAVID	1.2 NAME	
STREET ADDRESS	4902 EISENHOWER BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33634	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, B. MARK	2.2 NAME	BERMAN, B. MARK
STREET ADDRESS	4902 EISENHOWER BLVD. SUITE 100	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, ROBERT	3.2 NAME	
STREET ADDRESS	4902 EISENHOWER BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33634	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or as an attachment with an address.

SIGNATURE:

B. Mark Berman
B. MARK BERMAN

1/19/95

813-882-463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #