

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005185 (4)

1. Corporation Name

SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

700 N.W. 107 AVE.
MIAMI FL 33172

700 N.W. 107 AVE.
MIAMI FL 33172

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

85-0489964

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

GREENACRE PROPERTIES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4131 GUNN HIGHWAY

83

84 City

TAMPA

FL

85 Zip Code

33624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sandra B. Mortham, L.S.M.

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** ☐ DELETE
NAME **DONNELLY, DAVID**
STREET ADDRESS **4902 EISENHOWER BLVD.**
CITY-ST-ZIP **TAMPA FL 33634**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ERIC WYMIOWITZ**
1.3 STREET ADDRESS **4902 EISENHOWER BLVD., STE 100**
1.4 CITY-ST-ZIP **TAMPA, FL. 33634**

TITLE **DP** ☐ DELETE
NAME **GERMAN, B. MARK**
STREET ADDRESS **4902 EISENHOWER BLVD. SUITE 100**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **DEBORA L. HUDRIK**
2.3 STREET ADDRESS **4902 EISENHOWER BLVD., STE 100**
2.4 CITY-ST-ZIP **TAMPA, FL. 33634**

TITLE **DST** ☐ DELETE
NAME **EVANS, ROBERT**
STREET ADDRESS **4902 EISENHOWER BLVD.**
CITY-ST-ZIP **TAMPA FL 33634**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **TED CHRONIS**
3.3 STREET ADDRESS **4902 EISENHOWER BLVD., STE 100**
3.4 CITY-ST-ZIP **TAMPA, FL. 33634**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah L. Hudrik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

Daytime Phone #

CR2E037 (12/95)