2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90061 040 ****61.25

DOCUMENT # N93000005185

1. Entity Name

SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4131 GUNN HWY TAMPA FL 33624 US	4131 GUNN HWY TAMPA FL 33624-4725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 85-0489964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENACRE PROPERTIES INC 4131 GUNN HWY TAMPA FL 33624	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HERMAN, STEVEN T 4902 EISENHOWER BLVD STE 100 TAMPA FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ED CARR 4131 Gunn Hwy Tampa Fl. 33624	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDRLIK, DEBORA L 4902 EISENHOWER BLVD #100 TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MICHAEL DEREWITZ 4131 Gunn Hwy Tampa Fl. 33624	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BETZ, GARY 4902 EISENHOWER BLVD #100 TAMPA FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KATHY HELLEIS 4131 Gunn Hwy Tampa, Fl. 33624	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Kathy Helleis (KATHY HELLEIS) 1/30/2000 727-376-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #