

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005185

1. Entity Name

SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90299 024 ****61.25

0000104

Principal Place of Business

4131 GUNN HWY
TAMPA FL 33624
US

Mailing Address

4131 GUNN HWY
TAMPA FL 33624

748877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6/6 Seaboard Arbors
Suite, Apt. #, etc.
5313 Locust Place

3. Mailing Address

6/6 Seaboard Arbors
Suite, Apt. #, etc.
5313 Locust Place

City & State

New Port Richey, FL

City & State

New Port Richey, FL

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

GREENACRE PROPERTIES INC
4131 GUNN HWY
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Leighton, Lennard A.

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

6/6 Seaboard Arbors Mgmt.

2189 Cleveland St #225

City

Clearwater

FL

Zip Code

33765

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, ED 4131 GUNN HWY TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEREWITZ, MICHAEL 4131 GUNN HWY TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEELES, KATHY 4131 GUNN HWY TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Darling, Julie 4420 Stones River Ct. New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Helleis, Kathy 4714 Wolfham Lane New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Bowser, Richard 4009 Savage Station Circle New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Lynchon 4736 Wolfham Lane New Port Richey, FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Donna Clark 4470 Wolfham Lane New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" 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:

Kathleen Heeles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

376-7378

Daytime Phone #

CR2E037 (10/00)