

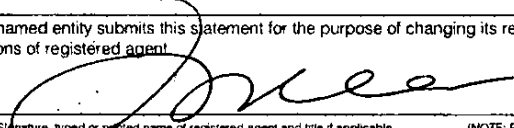
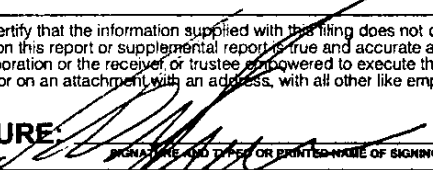


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 026 ****61.25

DOCUMENT # N93000005185					
1. Entity Name SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SEABOARD ARBORS 5313 LOCUST PL NEW PORT RICHEY, FL 34652 US			Mailing Address SEABOARD ARBORS 5313 LOCUST PL NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business Coastal Mgt. Suite, Apt. #, etc. 6710 Suite 204 Embassy Blvd.		3. Mailing Address P.O. Box 1407 Suite, Apt. #, etc.			
City & State Port Richey, FL		City & State Port Richey, FL		4. FEI Number 85-0489964	
Zip 34668		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A % SEABOARD ARBORS MGMT 2189 CLEVELAND ST 225 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name: Mary Ann Myszkowiak Street Address (P.O. Box Number is Not Acceptable) 6710 Embassy Blvd. Suite 204 City: Port Richey, FL Zip Code: 34668		
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:  MARY ANN MYSZKOWIAK 4/24/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FIRMINGER, MICHAEL STREET ADDRESS 4329 STONES RIVER COURT CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Allen Johnson STREET ADDRESS 4423 Stones River Ct. CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME STILLE, LISA STREET ADDRESS 4137 SAVAGE STATION CIRCLE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Sharon Johnson STREET ADDRESS 4423 Stones River Ct. CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME GLOWAKI, PETER STREET ADDRESS 4316 COLD HARBOR DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE D NAME Richard Hall STREET ADDRESS 4916 Savage Station Cir CITY-ST-ZIP New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BATALLO, CARMEN STREET ADDRESS 4106 SAVAGE STATION CIRCLE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME Carmen Datello STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PATEL, WILLIAM STREET ADDRESS 4052 SAVAGE STATION CIRCLE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME Peter Cherenzia STREET ADDRESS 4719 Wolfram Lane CITY-ST-ZIP New Port Richey, FL 34653	<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 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.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					