2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003923

1. Entity Name
THE OAKS OF SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
307 LOOKOUT LANE APOPKA, FL 32712 US	P.O. BOX 2314 APOPKA, FL 32704-2314

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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3312229
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRZANOWSKI, KATHLEEN M
307 LOOKOUT LANE
APOPKA, FL 32712

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000211712
02/02/05-80130-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHRZANDWSKI, KATHLEEN
STREET ADDRESS	307 LOOKOUT LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	V
NAME	TAYLOR, MAE
STREET ADDRESS	309 RIDGE CT.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	T
NAME	MCLEOD, SHARON
STREET ADDRESS	321 RIDGE CT.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S
NAME	SEIN, ANGELES
STREET ADDRESS	359 COMFORT DR.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon McLeod 1/30/05 407-464-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #