

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003923

FILED
Sep 05, 2007
Secretary of State

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

Current Principal Place of Business:

307 LOOKOUT LANE
APOPKA, FL 32712 US

New Principal Place of Business:

318 BLUFF LANE
APOPKA, FL 32712 US

Current Mailing Address:

P.O. BOX 2314
APOPKA, FL 327042314

New Mailing Address:

FEI Number: 59-3312229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHYZANOWSKI, KATHLEEN M
307 LOOKOUT LANE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

YIRMYAH, YIRMYAH
318 BLUFF LANE
APOPKA, FL 32712 US

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: YIRMYAH

09/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHYZANDWSKI, KATHLEEN
Address: 307 LOOKOUT LANE
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: TAYLOR, MAE
Address: 309 RIDGE CT.
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: MCLEOD, SHARON
Address: 321 RIDGE CT.
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: SEIN, ANGELES
Address: 359 COMFORT DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDEZ, JUAN
Address: 301 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change () Addition
Name: YIRMYAH, YIRMYAH
Address: 318 BLUFF LANE
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: POWELL, JUAN
Address: 319 BLUFF LANE
City-St-Zip: APOPKA, FL 32712

Title: V (X) Change () Addition
Name: WONG, CHRISTINA
Address: 316 HIDEOUT LANE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YIRMYAH

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09/05/2007

Electronic Signature of Signing Officer or Director

Date