

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003923

FILED
Apr 14, 2008
Secretary of State

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

Current Principal Place of Business:

318 BLUFF LANE
APOPKA, FL 32712 US

New Principal Place of Business:

482 BREEZEWAY DRIVE
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 ()

Name and Address of Current Registered Agent:

YIRMYAH, YIRMYAH
318 BLUFF LANE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

ATKINS, ALISON H
482 BREEZEWAY DRIVE
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: ALISON H. ATKINS

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ATKINS, ALISON H
Address: 482 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change () Addition
Name: TOWERY, PATRICIA
Address: 457 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: RUIZ, STEPHANIE
Address: 452 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V (X) Change () Addition
Name: ACITO, JOSEPH
Address: 446 BREEZEWAY DRICE
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: ALISON H. ATKINS

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date