
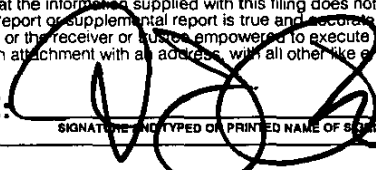


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90037 023 ****61.25

DOCUMENT # N95000005344					
1. Entity Name SUMMER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751			Mailing Address 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0798350	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N. LAKE DESTINY DR. SUITE 110 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD PIZZICA, FRANK 3473 OAK KNOLL PT LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RAPIER, DAVID 3489 OAK KNOLL POINT LAKE MARY, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT STILLWELL, CAROLYN 3486 OAK KNOLL PT LAKE MARY, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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:  Pres. Summer Oaks HOA 4/1/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40052054



02142007 Chg-NP CR2E037 (12/06)

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