

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90009 006 \*\*\*\*61.25

<b>DOCUMENT # N95000005344</b>					
<b>1. Entity Name</b> SUMMER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751			<b>Mailing Address</b> 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0798350	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WEBB, ROBIN L 901 N. LAKE DESTINY DR. SUITE 110 MAITLAND, FL 32751			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature:			DATE: 2/11/2008		
(NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$61.25 Due by May 1, 2008		
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> PIZZICA, FRANK <b>STREET ADDRESS</b> 3473 OAK KNOLL PT <b>CITY - ST - ZIP</b> LAKE MARY, FL 32746	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Pizzica, Frank <b>STREET ADDRESS</b> 3473 Oak Knoll Point <b>CITY - ST - ZIP</b> Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> RAPIER, DAVID <b>STREET ADDRESS</b> 3489 OAK KNOLL POINT <b>CITY - ST - ZIP</b> LAKE MARY, FL 32746	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Capps, Rina <b>STREET ADDRESS</b> 3474 Oak Knoll Place <b>CITY - ST - ZIP</b> Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SDT <b>NAME</b> STILLWELL, CAROLYN <b>STREET ADDRESS</b> 3486 OAK KNOLL PT <b>CITY - ST - ZIP</b> LAKE MARY, FL 32746	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Stillwell, Carolyn <b>STREET ADDRESS</b> 3486 Oak Knoll Point <b>CITY - ST - ZIP</b> Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 2-07-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 407 833 9787		