

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005344

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** SUMMER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 65-0798350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESIDENTIAL GROUP SOUTH  
135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAPPs, RINA  
Address: 3474 OAK KNOLL POINT  
City-St-Zip: LAKE MARY, FL 32746

Title: VPD  
Name: STILLWELL, CAROLYN  
Address: 3486 OAK KNOLL POINT  
City-St-Zip: LAKE MARY, FL 32746

Title: T  
Name: EAVES, MEAGAN  
Address: 3494 OAK KNOLL POINT  
City-St-Zip: LAKE MARY, FL 32746

Title: S  
Name: PARROTINO, ROBERT  
Address: 3477 OAK KNOLL POINT  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: POWELL, MARSHA  
Address: 5505 MARKAM WOODS ROAD  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

**SIGNATURE:** RINA CAPPs

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date