

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90035 018 \*\*\*\*61.25

**DOCUMENT # N98000004723**

1. Entity Name

**SUMMIT GREENS RESIDENTS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779-5044

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1015729**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, ALFRED G  
 7777 GLADES ROAD #410  
 BOCA RATON FL 33434

Name  
**HART, JAMES W. JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT, INC.**  
 2180 W SR 434 STE 5000  
 City  
**LONGWOOD** FL Zip Code  
**32779-5044**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*  
 1/25/01

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VSD  
**SLEEK, HARRY T**  
 7777 GLADES ROAD #410  
 BOCA RATON FL 33434  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STD  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PTD  
**WEST, ALFRED G**  
 7777 GLADES ROAD #410  
 BOCA RATON FL 33434  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PD  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
**HOYOS, JEFFERY**  
 7777 GLADES ROAD #410  
 BOCA RATON FL 33434  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VD  
**Roberts, John**  
 1164 Mesa Verde Court  
 Clermont, FL 34711  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-01

CF2E037 (10/00)