2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004723

FILED Apr 20, 2006 Secretary of State

Entity Name: SUMMIT GREENS RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 65-1015729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT, INC 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MANNELLA, AL HUTSON, ROBERT Name: Name: 7777 GLADEN ROAD #410 Address: 1059 MESA VERDE CT Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: (X) Change () Addition WEST, ALFRED G Name: BAGBY, HERSCHEL Name: Address: 7777 GLADEN ROAD #410 Address: 2927 ASPEN PEAK CT City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: SD (X) Change () Addition UTTERBACK, RONALD MOFFETT, DAVID Name: Name: 855 WOLF CREEK ST Address: 7777 GLADEN RD # 410 Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: CLERMONT, FL 34711 Title: Title: TD () Change (X) Addition () Delete GENTILE, CHARLOTTE Name: Name: 2389 PRAIRIE DUNES Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change (X) Addition BAKER, KEN Name: Name: 948 WOLF CREEK ST Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change (X) Addition SCHWAMM, STEWART Name: Name: Address: Address: 1031 HIDDEN BLUFF CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AL MANNELLA PD 04/20/2006