

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90042 011 ****61.25

DOCUMENT # N98000004723

1. Entity Name
SUMMIT GREENS RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
**1190 SUMMIT GREENS BLVD.
CLERMONT, FL 34711**

Mailing Address
**1190 SUMMIT GREENS BLVD.
CLERMONT, FL 34711**

40065216



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1015729

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEAN & MALCHOW, P.A.
646 E. COLONIAL DRIVE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MANNELLA, AL
STREET ADDRESS 1059 MESA VERDE CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VPD ☐ Delete
NAME FERRERI, MARIO
STREET ADDRESS 2856 HIGHLANDVIEW CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE SD ☐ Delete
NAME MOFFETT, DAVID
STREET ADDRESS 855 WOLF CREEK ST
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TD ☐ Delete
NAME GENTILE, CHARLOTTE
STREET ADDRESS 2389 PRAIRIE DUNES
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete
NAME BAKER, KEN
STREET ADDRESS 948 WOLF CREEK ST
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete
NAME ODOM, TOM
STREET ADDRESS 1032 EVEREST STREET
CITY-ST-ZIP CLERMONT, FL 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.D. ☒ Change ☐ Addition
NAME Kuntzendorf, Ray
STREET ADDRESS 951 Wolf Creek Street
CITY-ST-ZIP Clermont, FL 34711

TITLE VPD ☒ Change ☐ Addition
NAME Kaufmann, Michael
STREET ADDRESS 808 Hawks Bluff
CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TB ☒ Change ☐ Addition
NAME Britton, Shelia
STREET ADDRESS 2335 Caribbean Street
CITY-ST-ZIP Clermont, FL 34711

TITLE D ☒ Change ☐ Addition
NAME Bagby, Herschel
STREET ADDRESS 2927 Aspen Peak Ct.
CITY-ST-ZIP Clermont, FL 34711

TITLE D ☐ Change ☐ Addition
NAME Langston, Nadine
STREET ADDRESS 2902 Aspen Peak Ct.
CITY-ST-ZIP Clermont, FL 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #