

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 07, 2009
Secretary of State**

DOCUMENT# N98000004723

Entity Name: SUMMIT GREENS RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**1190 SUMMIT GREENS BLVD.
CLERMONT, FL 34711**New Principal Place of Business:**6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809**Current Mailing Address:**1190 SUMMIT GREENS BLVD.
CLERMONT, FL 34711**New Mailing Address:**6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809

FEI Number: 65-1015729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LARSEN & ASSOCIATES, P.A.
300 S. ORANGE AVE., STE 1200
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 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: LELAND MANAGEMENT, INC.

05/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: DRUCKER, MITCHELL
Address: 2438 CALEDONIAN ST
City-St-Zip: CLERMONT, FL 34711Title: VPD () Delete
Name: CLICK, ROBERT
Address: 3028 PINNACLE CT
City-St-Zip: CLERMONT, FL 34711Title: SD () Delete
Name: STERRICKER, TERRANCE
Address: 2942 ASPEN PEAK CT
City-St-Zip: CLERMONT, FL 34711Title: TD () Delete
Name: GENTILE, CHARLOTTE
Address: 2389 PRAIRIE DUNES
City-St-Zip: CLERMONT, FL 34711Title: D () Delete
Name: LEESER, MARK
Address: 1135 EVEREST ST
City-St-Zip: CLERMONT, FL 34711Title: D () Delete
Name: SANCHEZ, EDDIE
Address: 1139 EVEREST ST
City-St-Zip: CLERMONT, FL 34711**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: LANGSTON, NADINE
Address: 2902 ASPEN PEAK CT.
City-St-Zip: CLERMONT, FL 34711Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MITCHELL DRUCKER

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date