

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000009324

1. Entity Name
SUMMERLAKE APARTMENTS, INC.



Principal Place of Business
**2950 S.W. 27TH AVE., STE. 200
COCONUT GROVE, FL 33133**

Mailing Address
**2950 S.W. 27TH AVE., STE. 200
COCONUT GROVE, FL 33133**

\$158.75



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0896652	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREEN, PATRICIA K
2200 MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, LUIS
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	D
NAME	BOGGIO, LLOYD J
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	D
NAME	GREER, BRUCE
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	D
NAME	FONTE, AGUSTO
STREET ADDRESS	2075 S.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000554951
05/16/06-80014-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR