

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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



04182007 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 ☒ **\$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.

Lloyd J. Boggio

SIGNATURE _____
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000747110
05/17/07-80010-004 150.75

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

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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, trustee or 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: _____ Lloyd J. Boggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #