

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**  
 08-24-1999 90012 045 \*\*\*550.00

0117381

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002517**

1. Corporation Name  
**SUMMERVILLE AT PORT ORANGE, INC.**



Principal Place of Business  
**5285 SHAWNEE RD., STE. 401  
 ALEXANDRIA VA 22312**

Mailing Address  
**5285 SHAWNEE RD., STE. 401  
 ALEXANDRIA VA 22312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/04/1998**

4. FEI Number  
**52-2103425**

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

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

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>CPT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>HT/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAGLAND, RUSSELL D</b>		1.2 NAME
STREET ADDRESS <b>5285 SHAWNEE RD., STE. 401</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>ALEXANDRIA VA 22312</b>		1.4 CITY-ST-ZIP
TITLE <b>CS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>C/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEIMBOLD, ARTHUR</b>		2.2 NAME
STREET ADDRESS <b>5285 SHAWNEE RD., STE. 401</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>ALEXANDRIA VA 22312</b>		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/28/99** (703) 813-2500

CR2E034 (5/99)