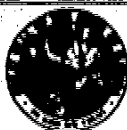


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:21

DOCUMENT # N35223 (9)

1. Corporation Name

**SUMMER LAKES TRACT 9 HOMEOWNERS' ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**4800 MILE STRETCH DRIVE
HOLIDAY FL 34690**

**P.O. BOX 3370
HOLIDAY FL 34690**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2978946** Applied For ☐ Not Applicable ☐

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIMER, FREDERICK
MAJESTIC PROPERTY MANAGEMENT, INC.
4800 MILE STRETCH DRIVE
HOLIDAY FL 34690**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PACKARD, STEVEN**
STREET ADDRESS **4846 WELLBROOK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **Cheryl McCraney**
1.3 STREET ADDRESS **4860 Wellbrook Dr.**
1.4 CITY-ST-ZIP **New Port Richey, FL 34653** ☐ Change ☐ Addition

TITLE **VD**
NAME **MCCRANEY, CHERYL**
STREET ADDRESS **4860 WELLBROOK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD**
NAME **GAEBE, LESUE**
STREET ADDRESS **4904 WELLBROOK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

3.1 TITLE **SD** ☐ Change ☐ Addition
3.2 NAME **Leslie Gaebe**
3.3 STREET ADDRESS **4904 Wellbrook Drive**
3.4 CITY-ST-ZIP **New Port Richey, FL 34653** ☐ Change ☐ Addition

TITLE **D**
NAME **REECE, LAURENCE**
STREET ADDRESS **4864 WELLBROOK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

4.1 TITLE **VD** ☐ Change ☐ Addition
4.2 NAME **Laurence Reece**
4.3 STREET ADDRESS **4864 Wellbrook Dr.**
4.4 CITY-ST-ZIP **New Port Richey, FL 34653** ☐ Change ☐ Addition

TITLE **D**
NAME **HAMLIN, EDWARD**
STREET ADDRESS **4800 WELLBROOK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Josephine Doran**
5.3 STREET ADDRESS **7026 Whittington Court**
5.4 CITY-ST-ZIP **New Port Richey, FL 34653** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **ID** ☐ Change ☐ Addition
6.2 NAME **Dawn Hudson**
6.3 STREET ADDRESS **4752 Westerly Drive**
6.4 CITY-ST-ZIP **New Port Richey, FL 34653** ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cheryl McCraney**

3-23-95

372-8466