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 3970 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	PACKARD, STEVEN	1.2 NAME	Cheryl McCraney	
STREET ADDRESS	4946 WELLBROOK DRIVE	1.3 STREET ADDRESS	4860 Wellbrook Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCRANEY, CHERYL	2.2 NAME		
STREET ADDRESS	4860 WELLBROOK DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	GAEBE, LESLIE	3.2 NAME	Leslie Gaebe	
STREET ADDRESS	4904 WELLBROOK DRIVE	3.3 STREET ADDRESS	4904 Wellbrook Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	D	4.1 TITLE	VD	☐ Change ☐ Addition
NAME	REECE, LAURENCE	4.2 NAME	Laurence Reece	
STREET ADDRESS	4864 WELLBROOK DRIVE	4.3 STREET ADDRESS	4864 Wellbrook Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	4.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HAMLIN, EDWARD	5.2 NAME	Josephine Doran	
STREET ADDRESS	4900 WELLBROOK DRIVE	5.3 STREET ADDRESS	7026 Whittington Court	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		6.1 TITLE	TD	☐ Change ☐ Addition
NAME		6.2 NAME	Dawn Hudson	
STREET ADDRESS		6.3 STREET ADDRESS	4752 Westerly Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New Port Richey, FL 34653	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Cheryl McCraney 3-23-95 372-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cheryl McCraney

000401