

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001405

FILED
Mar 01, 2011
Secretary of State

Entity Name: SUMMERTREE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

FEI Number: 59-3444158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY WHITE

03/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HARRIS, JUDY
Address: 11547 HOLLLY ANN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD
Name: MEANEY, CLAIRE
Address: 11617 HOLLLY ANN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD
Name: RORKE, JOSEPH
Address: 11641 HOLLLY ANN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP
Name: STERRITT, JERRY
Address: 11532 HOLLLY ANN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: KEITH, MARY
Address: 11937 LOBBOLLY PINE DR
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDY HARRIS

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date