2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# 736783

Entity Name: SUMMER TREES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

48 CYPRESS POND RD
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC
507-C HERBERT STREET
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-1805649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YACEK, RENNY M
507-C HERBERT ST
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLARK, BARBARA
Address: 196 MAGNOLIA LOOP
City-St-Zip: PORT ORANGE, FL 32128

Title: VPD
Name: SZECSEI, BETTY A
Address: 28 SUMMER TREES ROAD
City-St-Zip: PORT ORANGE, FL 32128

Title: SD
Name: CLOMAN, DONNA
Address: 109 MAGNOLIA LOOP
City-St-Zip: PORT ORANGE, FL 32128

Title: TD
Name: FERRARIS, DIANE
Address: 73 CYPRESS POND
City-St-Zip: PORT ORANGE, FL 32128

Title: D
Name: FINKEN, THOMAS
Address: 5968 PLANTERA COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: JACKSON, BARRY
Address: 146 MAGNOLIA LOOP
City-St-Zip: PORT ORANGE, FL 32128

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: BARBARA CLARK PD 03/20/2012

Electronic Signature of Signing Officer or Director Date