

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755894

FILED
Apr 14, 2010
Secretary of State

Entity Name: SUMMER TREES UNIT III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14 BLACK JACK CIRCLE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

14 BLACK JACK CIRCLE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-2353744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIPPEN, BARBARA
14 BLACK JACK CIRCLE
PORT ORANGE, FL 32128 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: P
Name: DOUGHNEY, MARTIN
Address: 8 CROOKED PINE ROAD
City-St-Zip: PORT ORANGE, FL 32128

Title: TD
Name: CRIPPEN, BARBARA D MRS
Address: 14 BLACK JACK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: S
Name: HANCOCK, KEVIN
Address: 16 CROOKED PINE RD
City-St-Zip: PORT ORANGE, FL 32128

Title: V
Name: ZERCHER, FRED
Address: 24 CROOKED PINE ROAD
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 D. CRIPPEN

TR

04/14/2010

Electronic Signature of Signing Officer or Director

Date