

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 038 ***155.00

DOCUMENT # F69997 1. Entity Name SUMMERLAND PALMS TRAILER PARK, INC.					
Principal Place of Business 24864 OVERSEAS HWY SUMMERLAND KEY, FL 33042			Mailing Address 15 UNQUA PL. AMITYVILLE, NY 11701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROSASCO, PETER 25000 OVERSEAS HWY SUMMERLAND KEY, FL 33042			7. Name and Address of New Registered Agent Name CHARLES KLARMANN Street Address (P.O. Box Number is Not Acceptable) 1981 SEMINOLE HARBOR DR City ALVA FL 33920		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE CHARLES KLARMANN <i>Charles Klarmann</i> 4/25/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLARMANN, CHARLES 15 UNQUA PLACE AMITYVILLE, NY 11701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLARMAN, ALICE 15 UNQUA PLACE AMITYVILLE, NY 11701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles Klarmann</i> CHARLES KLARMANN 4/25/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

400107



03042005 Chg-P CR2E034 (10/03)

4. FEI Number **11-2623483** Applied For
Not Applicable

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

631-691-1879