

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000002517

1. Entity Name
SUMMERVILLE AT PORT ORANGE, INC.



Principal Place of Business
3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON, CA 94583

Mailing Address
3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON, CA 94583



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2103425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE	D
NAME	ACKERMAN, RICHARD
STREET ADDRESS	1999 AVE OF THE STARS STE 1900
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	PCEO
NAME	COBB, GRANGER
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530
CITY-ST-ZIP	SAN RAMON, CA 94583
TITLE	D
NAME	KOENIG, STUART
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	BENJAMIN, BILL
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	NEIBART, LEE
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	V
NAME	WERDEL, MELANIE
STREET ADDRESS	3000 EXECUTIVE PARKWAY
CITY-ST-ZIP	SAN RAMON, CA 94583

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02/15/05-80049-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melanie Werdel 2/9/05 (925) 866-1999