**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004246

SUMMERVILLE AT HUNTER'S CREEK, INC.

## FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90012 043 \*\*\*550.00



City & State    City & State   City & State   City & State	Principal Place	of Business	Mailing Address						,0411 07070		
2. Principal Place of Business   2a. Mading Address   3. Date Incorporated or Qualified   07(24/1998)   3. Date Incorporated or Qualified   07(24/1998)   3. Date Incorporated or Qualified   07(24/1998)   3. Date Incorporation of Qualified   3. Date Incorporation of Qual											
2. Principal Place of Business   2a Mailing Address   25   A FEI Number   Application   A FEI Number   Application   A FEI Number   Application   A FEI Number   Application   A FEI Number   A FEI Number   Application   A FEI Number   A FEI Number   Application   A FEI Number   Application   A FEI Number	ALEXANDRIA V	A 22312-2328	ALEXANDRIA VA 22312-23	328			DO NOT WRITE IN THIS SPACE				
2. Principal Pilace of Business   2. Mailing Address   3. Friedrich   3. Suite, Apt. 8, etc.   3. Suite, Apt. 8, etc.   5. Suite, Apt. 9, etc.   5. Suite, Apt. 9, etc.   5. Suite, Apt. 9, etc.   5								L 114 (1110 C	/ //OL		
2. Principa Place of Business   2. Mailing Address   5. Part   5.   Applied for   5.   Applied for   5.   Applied for   5.   Applied for   5.   Suits, Apt. 8, etc.   5.   Suits, Apt. 8, etc.   5.   Certificate of Status Desired   58.75 Additional   58.75 Additional   58.75 Additional   5.   Suits, Apt. 8, etc.   5.   Certificate of Status Desired   58.75 Additional   5.   Suits, Apt. 8, etc.   5.   Certificate of Status Desired   58.75 Additional   58.75 Addition							•				
Sulle, Apt. #, etc.  S. Certificate of Status Desired   \$8.75 Addition   \$8.75 Addition	2 Principal Pla	2a Mailing Address	ddress							ed For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<del></del>	ace of Business								<del></del>	
City & State	<del></del>	# etc					[7]	\$8.7	·		
City & State    City & State   Country   28   28   28     28   28     28	22	-	<b>├</b>			5. Certificate of Status Desired	Ш	Fee	Requi	red	
2p   2c   2d   2d   2d   2d   2d   2d   2d		)				6. Election Campaign Financing		\$5.0	)0 Ma	y Be	
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangible Personal Property.   Yes   Ye	23		28			Trust Fund Contribution	Ц	Add	ed to F	ees	
9. Name and Address of Current Registered Agent  HIQ CORPORATE SERVICES, INC. \$28 EAST PARK AVE., STE 200  TALLAHASSEE FI, 32301  14. City  FL  35 Signature to the provisions of sections 607.0502 and 607.1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of, section 507.0509, Floridas Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  PTD  PTD  PAGLAND, RUSSELL D  S25 SHAWINEE RD., STE 401  ALCHANGRIA VA  14. CITYST2P  ALCANORIA VA  14. CITYST2P  ALCANORIA VA  14. CITYST2P  TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  S18EET ALORESS  CITYST2P  TITLE  DELETE  \$1. TITLE  \$2. TITLE  \$2. TITLE  \$2. TITLE  \$2. TITLE  \$2. TITLE  \$2. TITLE  \$3. STREET ALORESS  CITYST2P  ALCONORIA VA  14. CITYST2P  ALCONORIA VA  15. TITLE  \$3. STREET ALORESS  CITYST2P  ALCONORIA VA  14. CITYST2P  ALCONORIA VA  15. TITLE  \$4. CITYST2P  ALCONORIA VA  ALCONORIA VA  ALCONORIS CITYST2P  TITLE  \$4. CITYST2P  ALCONORIS CITYST2P  TITLE  \$5. TITLE		Country	Zip	Cou	ıntry		8. This corporation owes the curre	nt year	-		
HIO CORPORATE SERVICES, INC.  \$28 EAST PARK AVE., STE 200 TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83    84	24	25	29	30				<u> </u>		<u>u</u> N	0
HIC CORPORATE SERVICES, INC.  526 EAST PARK AVE., STE 200  TALLAHASSEE FL 32301  38  44 City  FL  45 City  FL  46 City  FL  47  48 City  FL  48 City		9. Name and Address of Curre	nt Registered Agent		Γ.		10. Name and Address of New R	egistered A	gent		
TALLAHASSEE FL 32301  32   Street Address (P.O. Box Number is Not Acceptable)  33   Street Address (P.O. Box Number is Not Acceptable)  34   City   FL   85   Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutas, the address of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent and the flaghcable.    Williams   Date   Dat	LIIO	CORROBATE CERVICES INC			81	Name					
TALLAHASSEE FL 32301  83  84 City					82	Street Address (P.O. Box Number is Not Acceptable)					
### City   FL   85   Zip Code		<del>-</del>									
11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent amiliar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE    Tender	IALL	LAMASSEE FL 32301			83						
11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent amiliar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE    Tender					84	City			85 2	in Cod	le
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, seation 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed nere of registered agent and title if applicable.   NOTE: Registered Agent signature recipined when revealating)   DATE						•			_		
agent. I am familiar with, and accept the obligations of, section BVT.0505, Floridas Statutes.  SIGNATURE    Signature, typed or printed name of regatived agent and title if applicable.   NOTE. Registered Agent signature required when renstating)   DATE	11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-r	named corpor	ration submits this statement for the pu	rpose of cha	anging its	regist	ered
SIGNATURE    Street Address   Street Add	office or n	registered agent, or both, in the State om familiar with, and accept the oblic	e of Florida. Such change was nations of, section 607,0505, Fl	autnorize orida Sta	tutes.	tne corporatio	on's board of directors. I hereby accep	t trie appoin	unent as	, regist	ereu
Signature, lyped or printed amen of regulatered agent and tills if applicable.   NOPT: Registered Agent significant required when reinstalling)   DATE	_		,								
TITLE PTD DELETE 1.1 TITLE	SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (N	OTE: Registe	ered Ag	ent signature requ					
NAME RAGIAND, RUSSELL D	12.		ND DIRECTORS	_			ADDITIONS/CHANGES TO OFF	ICERS AND	) DIREC	TORS	1
STREET ADDRESS   S285 SHAWNEE RD., STE 401	TITLE	· ·-	DELETE	1.1 TI	ITLE			L	Chane	је 🗀	Addition
ALEXANDRIA VA	NAME	*		1.2 N	AME						
TITLE	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	11	1.3 51	TREET A	ADDRESS					
NAME	CITY-ST-ZIP					ZIP					<del></del>
STREET ADDRESS   SHAWNEE RD., STE 401	TITLE		DELETE	2.1 TI	ITLE			L	Chang	je <u> </u>	J Addition
ALEXANDRIA VA	NAME	•		2.2 N	AME						
DELETE   DELETE   3.1 TITLE   DELETE   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   DELETE   4.1 TITLE   DELETE   4.2 NAME   Addition	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	1	2.3 \$1	TREET	ADDRESS					
NAME	CITY-ST-ZIP	ALEXANDRIA VA				ZIP					
STREET ADDRESS   3.3 STREET ADDRESS	TITLE		DELETE	3.1 Ti	ITLE			L	Chane	je L_	_ Addition
CITY-ST-ZIP	NAME			3.2 N	AME						
DELETE	STREET ADDRESS			3.3 ST	TREET	ADDRESS					
NAME	CITY-ST-ZIP					ZIP			_		1
A3 STREET ADDRESS	TITLE		DELETE					1.	Chan	де 🗀	Addition
A A CITY-ST-ZIP	NAME			4.2 N	AME	1					
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         6.1 TITLE         Change         Addition           NAME         G.3 STREET ADDRESS         G.3 STREET ADDRESS         G.4 CITY-ST-ZIP	STREET ADDRESS			4.3 ST	TREETA	ADDRESS					
NAME	CITY-ST-ZIP					ZIP		<del></del>			<u> </u>
STREET ADDRESS	TITLE		☐ DELETE	5.1 T	ITLE			L	Chan	ge L	Addition
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	NAME			5.2 N	IAME						
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			5.3 S	TREET A	ADDRESS					
NAME  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	CITY-ST-ZIP					ZIP		-		<del></del>	1
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	TITLE		DELETE	6.1 TI	ITLE			L	Chang	ge L	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 N	AME						
	STREET ADDRESS			6.3 S	TREET	ADDRESS					
	CITY-ST-ZIP		······································								
14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am	indicated o	on this annual report or supplements	I annual report is true and accu	ırate and	that r	mv sionature	shall have the same legal effect as if	made under	r oath; th	iat i am	ר
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 12 or Block 13 if changed, or or an attachment with an address.	an officer o	or director of the corporation or the r	eceiver or trustee empowered t	to executi	e this	report as rec	quired by Chapter 607, Florida Statute	s; and that r	ny name	appe	ars

SIGNATURE:

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