

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K05711		
1. Entity Name SUMERLIN PROPERTIES, INC.		
Principal Place of Business 5100 87TH ST. E. BRADENTON, FL 34211 US		Mailing Address 5100 87TH ST. E. BRADENTON, FL 34211 US
DO NOT WRITE IN THIS SPACE		
		02282006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2901892		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOGAN, PATRICK 5100 87TH ST. E. BRADENTON, FL 34211		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, ROBERT A. 5100 87TH ST. E. BRADENTON, FL 34211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOGAN, PATRICK 5100 87TH ST. E. BRADENTON, FL 34211	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Patrick Hogan</u> <u>VP</u> <u>4/6/06</u> <u>(941) 758-2424</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #