PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M98588

SUMMERLIN PARK SOUTH ASSOCIATES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90149 008 ***150.00



Principal Place	e of Business	Mailing Address			
1705-D2 COLOR	BAL BLVD	1705-D2 COLONIAL BLVD			
FT. MYERS FL	33907	FT. MYERS FL 33907			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					· ·
					09/14/1988
2. Principal P	2a. Mailing Address	ng Address		4. FEI Number Applied For	
21		26			65-0079869 Not Applicable
Suite, Apt.	#, etc.	⊢ , ' ' '	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		27	No. 9 Dista		
City & Stat	e ·.	City & State	¬ ´		6. Election Campaign Financing \$5.00 May Be
23	28		Country		7,700,701,701,701,701,701,701,701,701,70
Zip	Country	Zip	Country		8. This corporation owes the current year intangible Personal Property Tax. Yes No
24	25		30		t crosses t openy term
	9. Name and Address of Curre	ent Registered Agent	- 8	1 Nome	10. Name and Address of New Registered Agent
cou	Ditt		°	1 Name	
SOLL, BILL			8:	2 Street /	Address (P.O. Box Number is Not Acceptable)
	-D2 COLONIAL BLVD				
FI. I	MYERS FL 33907		8:	3	
	`		8	4 City	85 Zip Code
	,		"	- City	FL O
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	v the cordo	pration's board of directors. I hereby accept the appointment as registered
•	m familiar with, and accept the oblig	gations of, Section 607.0303, Filon	ua olaloic		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Ap	ent signature re	equired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	□ DELETE	1.1 TITLE		Change Addition
NAME	•		1.2 NAME	<u>. </u>	RACHID AUNCHICHE BLUD STE 101 16681 McGREGOR BLUD STE 101
	oodar, rai		li .	ET ADDRESS	16681 MCGREGOR BLUD STE IO
STREET ADDRESS	FT. MYERS FL	•	1.4 CITY-		FORT MYERS, FL
CITY-\$T-ZIP		DELETE	2,1 TITLE		☐ Change ☐ Addition
TITLE	VP		2.2 NAME		_ , _
NAME	THIES, ANNETTE			ŀ	
STREET ADDRESS	3840 BROADWAY			ET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	TOSI STE	2.4 CITY		Change □ Addition
TITLE -	T	_ DELETE .	. 3.1 TITLE	1	MICHAEL HORNUNG.
NAME	WATKINS, ROBERT		3.2 NAME		15611 NEW HAMPSHIRE CT.
STREET ADDRESS			3.3 STRE	ET ADDRESS	C - Musing 5/ 22000
CITY-ST-ZIP	TOTT INTERIORE GOOD!		3.4. CITY	-ST-ZIP	FORT MYERS, FL 33908
TITLE		☐ DELETE	4.1 TITLE		Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	Ē	
STREET ADDRESS	•		5.3 STRE	ET ADDRESS	
	1		5,4 CITY-	ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		<u></u>	6.2 NAME	Ē	_
NAME	· ·			ET ADDRESS	!
STREET ADDRESS					
CITY_ST. 78P	1		6.4 CITY-	O(-KIP	I

14. 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 an officer or director of the corporation of the feetiver 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 changes of an application of the corporation of the feetiver of trustee empowered.

SIGNATURE: