

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M98588

1. Entity Name
SUMMERLIN PARK SOUTH ASSOCIATES, INC.



Principal Place of Business
**1705-D2 COLONIAL BLVD
FT. MYERS, FL 33907**

Mailing Address
**1705-D2 COLONIAL BLVD
FT. MYERS, FL 33907**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0268925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLL, BILL
1705-D2 COLONIAL BLVD
FT. MYERS, FL 33907**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000055292
02/17/04 80032-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AOUCHICHE, RACHIO
STREET ADDRESS	15640 NEW HAMPSHIRE CT
CITY - ST - ZIP	FT. MYERS, FL
TITLE	VP
NAME	LARSON, DEAN
STREET ADDRESS	15740 NEW HAMPSHIRE CT.
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	ST
NAME	GUTSTEIN, DAVID DR.
STREET ADDRESS	15621 NEW HAMPSHIRE CT.
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

2/12/04 **(239) 466-8838**
Date Daytime Phone #