



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90053 025 \*\*\*150.00

<b>DOCUMENT # M98588</b> 1. Entity Name <b>SUMMERLIN PARK SOUTH ASSOCIATES, INC.</b>					
Principal Place of Business <b>13861 PLANTATION ROAD FORT MYERS, FL 33912</b>			Mailing Address <b>13861 PLANTATION ROAD FORT MYERS, FL 33912</b> <i>13861 Plantation rd.</i>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <i>101</i> Suite, Apt. #, etc. <i>Fl. Myers Fl.</i> City & State <i>33912</i> <i>Lee</i> Zip                      Country		40043000  01192007      Chg-P      CR2E034 (12/06) 4. FEI Number <b>65-0268925</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOLL, BILL 13861 PLANTATION ROAD FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AOUCHICHE, RACHIO 15640 NEW HAMPSHIRE CT FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, DEAN 15740 NEW HAMPSHIRE CT. FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUTSTEIN, DAVID DR. 15621 NEW HAMPSHIRE CT. FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Dr. Richard Lane</i> <i>39 Barkley Cir. Ft. Myers,</i> <i>Florida</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Dr. Richard Murray</i> <i>15641 New Hampshire Ct.</i> <i>Ft. Myers, Fl. 33908</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <i>Dr. Dean Larson</i> <i>15620 New Hampshire Ct.</i> <i>Ft. Myers, Fl. 33908</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lines empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/23/07 <small>Date</small>		239-936-4411 <small>Daytime Phone #</small>