2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98588

FILED Feb 06, 2009 Secretary of State

Entity Name: SUMMERLIN PARK SOUTH ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business: 13861 PLANTATION ROAD FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 13861 PLANTATION ROAD FORT MYERS, FL 33912 FEI Number: 65-0268925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLL, BILL 13861 PLANTATION ROAD FORT MYERS, FL 33912 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition AOUCHICHE, RACHIO HARWIN, BILL Name: Name: 15640 NEW HAMPSHIRE CT 4371 VERONICA S. SHOEMAKER BLVD Address: Address: FT. MYERS, FL 33916 City-St-Zip: FT MYERS FL City-St-Zip: VΡ Title: VΡ Title: () Delete (X) Change () Addition Name: LARSON, DEAN Name: STEVENS, DOUG DR 15740 NEW HAMPSHIRE CT. 15721 NEW HAMPSHIRE CT. Address: Address: FORT MYERS, FL 33908 FORT MYERS, FL 33908 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition GUTSTEIN, DAVID DR. LARSON, DEAN DR Name: Name: 15621 NEW HAMPSHIRE CT. 15620 NEW HAMPSHIRE CT. Address: Address: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANE, RICHARD DR AOUCHICHE, RACHID DR Name: Name: Address: 39 BARKLEY CIR. Address: 15640 NEW HAMPSHIRE CT City-St-Zip: City-St-Zip: FORT MYERS, FL 33908 FORT MYERS, FL 33908 Title: Title: (X) Delete () Change () Addition MURRAY, RICHARD DR Name: Name: 15641 NEW HAMPSHIRE CT. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: LARSON\, DEAN Name: 15630 NEW HAMPSHIRE CT. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHID AOUCHICHE TR 02/06/2009