

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90153 029 \*\*\*150.00

0690971 FP

**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

60014070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0268925

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 \_\_\_\_\_  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME AOUCHICHE, RACHIO  
STREET ADDRESS 15640 NEW HAMPSHIRE CT  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME HUNNICUTT, LETHA  
STREET ADDRESS 4222 SE 6TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP ☒ Change ☐ Addition  
NAME DEAN LARSON  
STREET ADDRESS 15740 NEW HAMPSHIRE CT  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE T ☒ Delete  
NAME HORNING, MICHAEL  
STREET ADDRESS 15611 NEW HAMPSHIRE CT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition  
NAME SECY/TREASURY  
STREET ADDRESS DR. DAVID GUTSTEIN  
CITY-ST-ZIP 15621 NEW HAMPSHIRE CT  
FT MYERS, FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03  
Date

Daytime Phone #

CR2E034 (10/02)