

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 015 ****61.25

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1. Entity Name

THE GREENS AT SUMMERTREE HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

5600 US 40-8249 Kristel Cir
STE E Port Richey, FL
SEMINOLE, FL 33772

Mailing Address

8249 KRISTEL CIR
C/O TAMPA BAY PROP MGMT
PORT RICHEY, FL 34668



02212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

04-3775382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICK, JAMIE K
8249 KRISTEL CIR
C/O TAMPA BAY PROP MGMT
PORT RICHEY, FL 34668

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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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCUDERI, RONALD <i>John Sullivan</i>
STREET ADDRESS	11439 GOLF ROUND DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	VPD
NAME	RE, JOHN
STREET ADDRESS	11326 GOLF ROUND DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	SEC
NAME	YOUNGS, SHIRLEY
STREET ADDRESS	11244 GOLF ROUND
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	TREA
NAME	WORTH, MILTON <i>Philip A Bondi</i>
STREET ADDRESS	11234 GOLF ROUND DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	HOEHN, CHARLES
STREET ADDRESS	12130 TOURNAMENT VIEW
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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: *Philip A. Bondi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP A. BONDI 727856-7803

TREASURER

Date

Daytime Phone #