

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90003 017 ****61.25

DOCUMENT # N33929

1. Entity Name

**SUMMER TREES ADULT THREE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

61 CROOKED PINE ROAD
DAYTONA BEACH FL 32124
PORT ORANGE, FL 32128

Mailing Address

61 CROOKED PINE ROAD
DAYTONA BEACH FL 32124
PORT ORANGE, FL 32128

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

59-2977030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

MORTON, JAMES B
1 LAKE POINT CIRCLE
PT ORANGE FL 32124

7. Name and Address of New Registered Agent

Name

FEINER, PETER

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

108 CIRCLING WOOD CT.

City

PORT ORANGE

FL

Zip Code

32128

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TROTT, WILLIAM	
STREET ADDRESS	106 UNDERBRUSH TR	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FEINER, PETER	
STREET ADDRESS	108 CIRCLING WOOD COURT	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FREGIN, GINNY	
STREET ADDRESS	38 CROOKED PINE RD	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORTON, JAMES B	
STREET ADDRESS	1 LAKE POINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AYDT, BERNIE	
STREET ADDRESS	40 CROOKED PINE RD	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FELDSCHAU, BERT	
STREET ADDRESS	127 CROOKED PINE RD	
CITY-ST-ZIP	PORT ORANGE FL 32128	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES B. MORTON	
STREET ADDRESS	1 LAKE POINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINER, PETER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRERI, JUNE	
STREET ADDRESS	120 DUSK MEADOW TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, JAMES B.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNK, RENE	
STREET ADDRESS	107 CROOKED PINE RD	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beese, Dorothy	
STREET ADDRESS	105 UNDERBRUSH TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 32128	

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 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:

PETER FEINER

3/8/04

386 788-8324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #