

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90309 047 ****61.25

DOCUMENT # N33929 1. Entity Name SUMMER TREES ADULT THREE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 61 CROOKED PINE ROAD PORT ORANGE, FL 32128			Mailing Address 61 CROOKED PINE ROAD 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEINER, PETER 108 CIRCLING WOOD CT. PORT ORANGE, FL 32128				Name MAYO, SALLY Street Address (P.O. Box Number is Not Acceptable) 89 CROOKED PINE RD 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 <u><i>Sally Mayo</i></u> DATE <u>3/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT FEINER, PETER <input checked="" type="checkbox"/> Delete		TITLE	DT MAYO, SALLY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	108 CIRCLING WOOD COURT		NAME	89 CROOKED PINE RD	
STREET ADDRESS	PORT ORANGE, FL 32128		STREET ADDRESS	PORT ORANGE, FL 32128	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS FREGIN, GINNY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	38 CROOKED PINE RD		NAME		
STREET ADDRESS	PORT ORANGE, FL 32128		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT MORTON, JAMES B <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1 LAKE POINT CIRCLE		NAME		
STREET ADDRESS	PORT ORANGE, FL 32128		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV AYDT, BERNIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	40 CROOKED PINE RD		NAME		
STREET ADDRESS	PORT ORANGE, FL 32128		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV FERRERI, JUNE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	120 DUSK MEADOW TRL.		NAME		
STREET ADDRESS	PORT ORANGE, FL 32128		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u><i>James B Morton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-9-05</u> Daytime Phone # <u>386-756-6171</u>		