

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 032 ****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**

60028543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2977030

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYO, SALLY
89 CROOKED PINE RD
PORT ORANGE, FL 32128**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 DT ☐ Delete
NAME MAYO, SALLY
STREET ADDRESS 89 CROOKED PINE ROAD
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE DS ☒ Delete
NAME FREGIN, GINNY
STREET ADDRESS 38 CROOKED PINE RD
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE DT ☒ Delete
NAME MORTON, JAMES B
STREET ADDRESS 1 LAKE POINT CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE DV ☐ Delete
NAME AYDT, BERNIE
STREET ADDRESS 40 CROOKED PINE RD
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE DV ☒ Delete
NAME FERRERI, JUNE
STREET ADDRESS 120 DUSK MEADOW TRL
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DS ☐ Change ☒ Addition
NAME FEINER, PETER
STREET ADDRESS 108 CIRCLEWOOD CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE DV ☐ Change ☒ Addition
NAME FOUNIER, MARCEL
STREET ADDRESS 107 DUSK MEADOW TRAIL
CITY-ST-ZIP PORT ORANGE, FL 32128

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

TITLE DV ☐ Change ☒ Addition
NAME BOEBEL, ROBERT
STREET ADDRESS 111 UNDERBRUSH TRAIL
CITY-ST-ZIP PORT ORANGE, FL 32128

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 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:

Sally Mayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06

Date

386 760 8776

Daytime Phone #