

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 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**

40031669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

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 **MARCEL FOURNIER**

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

107 DUSK MEADOW TRAIL

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 **DP MARCEL FOURNIER**

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, 2007**

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 **FEINER, PETER**
STREET ADDRESS **108 CIRCLING WOOD CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DV** ☐ Delete
NAME **FOURNIER, MARCEL**
STREET ADDRESS **107 DUSK MEADOW TRAIL**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

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

TITLE **DV** ☒ Delete
NAME **GOEBEL, ROBERT**
STREET ADDRESS **111 UNDERBRUSH TRAIL**
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 **DT** ☐ Change ☒ Addition
NAME **DUNN, THOMAS**
STREET ADDRESS **68 CROOKED PINE RD**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DS** ☐ Change ☒ Addition
NAME **FUNK, PENE**
STREET ADDRESS **107 CROOKED PINE RD**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

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

TITLE **DV** ☐ Change ☒ Addition
NAME **LING, ELAINE**
STREET ADDRESS **115, CIRCLING WOOD CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DV** ☐ Change ☒ Addition
NAME **MAZUR, GRACE**
STREET ADDRESS **102 DUSK MEADOW TRAIL**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **D** ☐ Change ☒ Addition
NAME **LAVONA R. BAILEY**
STREET ADDRESS **78 CROOKED PINE RD**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCEL FOURNIER

Date **3/1/07**

Daytime Phone # **386-233-0924**