

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33929

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUMMER TREES ADULT THREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

61 CROOKED PINE ROAD
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

61 CROOKED PINE ROAD
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-2977030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOURNIER, MARCEL
107 DUSK MEADOW TRAIL
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DUNN, THOMAS
Address: 68 CROOKED PINE RD
City-St-Zip: PORT ORANGE, FL 32128

Title: DS () Delete
Name: PESANSKY, GEORGE
Address: 108 GREY BRANCH ROAD
City-St-Zip: PORT ORANGE, FL 32128

Title: DP () Delete
Name: FOUNIER, MARCEL
Address: 107 DUSK MEADOW TRAIL
City-St-Zip: PORT ORANGE, FL 32128

Title: DV () Delete
Name: LING, ELAINE
Address: 115 CIRCLING WOOD CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: DV () Delete
Name: MAZUR, GRACE
Address: 102 DUSK MEADOW TRAIL
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: HARDESTER, PATRICIA
Address: 78 CROOKED PINE RD
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: SMITH, NEOLA
Address: 124 DUSK MEADOW TRAIL
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEL FOURNIER

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date