2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2010
Secretary of State

DOCUMENT# N33929

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
Name: SMITH, NEOLA
Address: 124 DUSK MEADOW TRAIL
City-St-Zip: PORT ORANGE, FL 32128

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARCEL FOURNIER PRES 02/02/2010

Electronic Signature of Signing Officer or Director — Date