2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000001405

TI FILED

Aug 22, 2007
Secretary of State

Entity Name: SUMMERTREE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5609 US 19 SUITE E

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5609 US 19 5901

SUITE E SUITE 7Q

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

FEI Number: 59-3444158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT QUALIFIED PROPERTY MGMT

5609 US 19 5901 US HWY 19

SUITE E SUITE 7Q

NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 US

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: MARY A WHITE 08/22/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: LANGLONG, LANCE Name: LANGLONG, LANCE
Address: 11635 FOXWORTH LANE Address: 5901 US HWY 19

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete Title: VPD (X) Change () Addition Name: HARRIS, JUDY Name: HARRIS, JUDY

 Address:
 11547 HOLLY ANN DR
 Address:
 5901 US HWY 19

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

Title: SD () Delete Title: SD (X) Change () Addition Name: SCALI, SONJA Name: SCALI, SONJA

Address: 11941 LOBLOLLY PINE DR. Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 RORKE, JOSEPH
 Name:
 RORKE, JOSEPH

 Address:
 11641 HOLLY ANN DR
 Address:
 5901 US HWY 19

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WIGGINS, DONALD
 Name:
 WIGGINS, DONALD

 Address:
 11937 LOBBOLLY PINE DR
 Address:
 5901 US H WY 19

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY A WHITE CEO 08/22/2007