

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001405

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** SUMMERTREE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3444158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUALIFIED PROPERTY MGMT  
5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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: PD ( ) Delete  
Name: HARRIS, JUDY  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: SCALI, SONJA  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: RORKE, JOSEPH  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: SCALI, MICHAEL  
Address: 5901 US H WY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: MORE, GRACE  
Address: 5901 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: VP (X) Change ( ) Addition  
Name: STERRITT, JERRY  
Address: 5901 US H WY 19  
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 WHITE

AGEN

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date