2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003428



FILED Mar 31, 2005 8:00 am Secretary of State

FAIRWAYS AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.								(03-31-2005 9	0052 046	5 ****61.25	5	
COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. 54				COMMUNI 8056 OLI	Mailing Address COMMUNITY MANAGEMENT SERVICES, 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653			C.		48115 18111 881H 4 8HL	Ç 🖟		eren de lan
	2. Principal P	lace of Busin	ness	3. Mailing A	Address								
Suite, Apt. #, etc.				Suite, A	Suite, Apt. #, etc.				01062005	Chg-NP	CR2E	037 (10/03)	
City & State				City & State				4. FEI Numbe 59-3625	5213			pplied For	
	Zip Country		Country	Zip		Country			5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
		6. Name	and Address of Current I	Registered Ag	jent				7. Name and	Address of New	Registered	Agent	
ļ	COMMUNI	ITV BAABIA	CEMENT SERVICE	S INIC			Name						
COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653							Street Address (P.O. Box Number is Not Acceptable)						
NEW FORTHONE 1,1 E 34000													
							City				F	Zip Coo	le
l		named entitions of regist	y submits this statement for	the purpose of	of changing its re	egistere	d office o	r register	ed agent, or both	h, in the State of	Florida. I an	n familiar with,	and accept
l	uie obligat	ions of regist	tered agent.										
l	SIGNATURE .												
ı													
	0.0.0.0.0.0.0	Signature, typed	or printed name of registered agent a	and title if applicable	. (NOTE: I	Registered	l Agent signati	ure required	when reinstating)	····	DATE		
		Filing Fe	e is \$61.25		. Election Camp	paign Fi	nancing		\$5.00 May Bo	e Fi	Make che	ck payable t	
	<u>, , , , , , , , , , , , , , , , , , , </u>	Filing Fe	e is \$61.25 flay 1, 2005	9		paign Fi	nancing	Ο.	\$5.00 May Bo	Fi	Make cheo orida Depa	irtment of S	tate
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Ernest Desordi 11807 Ivywood Place CITY-SI-ZIP New Port Richey, FL 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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-pther like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> alava SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

34654