

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90052 046 \*\*\*\*61.25

**DOCUMENT # N99000003428**

1. Entity Name  
**FAIRWAYS AT SUMMERTREE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**COMMUNITY MANAGEMENT SERVICES, INC.  
8056 OLD C.R. 54  
NEW PORT RICHEY, FL 34653**

Mailing Address  
**COMMUNITY MANAGEMENT SERVICES, INC.  
8056 OLD C.R. 54  
NEW PORT RICHEY, FL 34653**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3625213**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT SERVICES, INC.  
8056 OLD C.R. 54  
NEW PORT RICHEY, FL 34653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME KOESTNER, JOE  
STREET ADDRESS 12107 LOBLOLLY PINE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE TD ☐ Delete  
NAME SCHEMBARI, VINCENT  
STREET ADDRESS 11821 IVYWOOD PLACE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE VPD ☐ Delete  
NAME LACAVA, MIKE  
STREET ADDRESS 12047 LOBLOLLY PINE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE SD ☐ Delete  
NAME MALERBA, ANN  
STREET ADDRESS 12110 LOBLOLLY PINE DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE D ☐ Delete  
NAME WHITE, ED  
STREET ADDRESS 12119 LOBLOLLY PINE DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Vincent Schembari  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME Ed White  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Ernest Desordi  
STREET ADDRESS 11807 Ivywood Place  
CITY-ST-ZIP New Port Richey, FL 34654

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

*Michael LaCava* **MICHAEL LACAVA** 3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #