2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P05000084128

Entity Name: SUMMERFIELD OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

501 N. ORLANDO AVE., #233
WINTER PARK, FL 32789

New Principal Place of Business:

340 SKYVIEW PLACE
CHULUOTA, FL 32766

Current Mailing Address:

501 N. ORLANDO AVE., #233
WINTER PARK, FL 32789

New Mailing Address:

340 SKYVIEW PLACE
CHULUOTA, FL 32766

FEI Number: 20-3131396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHAN, REINHARD G
2015 W. S.R. 434
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GHANDOUR, AHMAD
Address: 501 N. ORLANDO AVE., #233
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: GHANDOUR, MONA
Address: 501 N. ORLANDO AVE., #233
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: GHANDOUR, NABIL
Address: 333 RADISSON PL
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: GHANDOUR, KAMEL
Address: 75 LOOMIS DR UNIT B
City-St-Zip: WETHERSFIELD, CT 06109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: GHANDOUR, AHMAD
Address: 340 SKYVIEW PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Change ( ) Addition
Name: GHANDOUR, MONA
Address: 340 SKYVIEW PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: VP (X) Change ( ) Addition
Name: GHANDOUR, NABIL
Address: 340 SKYVIEW PLACE
City-St-Zip: CHULUOTA, FL 32766

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMAD GHANDOUR PRES 02/12/2009

Electronic Signature of Signing Officer or Director — Date