

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000019006 (4)

1. Corporation Name

SUMMERPARK HOMES, INC.



Principal Place of Business

2888 W. LAKE MARY BLVD.  
LAKE MARY FL 32795  
US

Mailing Address

P.O. BOX 950903  
LAKE MARY FL 32795-0903

3. Date Incorporated or Qualified  
03/09/1993

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

21 1190 N. Fairway Dr.

Suite, Apt. #, etc.

22 City & State  
23 Apopka, FL

Zip

24 32712

Country

25 U.S.A.

2a. Mailing Address

26 1190 N. Fairway Dr.

Suite, Apt. #, etc.

27 City & State

28 Apopka, FL

Zip

29 32712

Country

30 U.S.A.

4. FEI Number  
59-3166992

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DI MILLO, LOUIE  
2888 W. LAKE MARY BLVD.  
LAKE MARY FL 32795

10. Name and Address of New Registered Agent

81 Name  
D. Millo, Louie

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

1190 N. Fairway Dr.

83

84 City

Apopka, FL

FL

85 Zip Code

32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and Director (if applicable)

NOTE: Registered Agent Signature required when not stated

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DIMILLO, LOUIS  
STREET ADDRESS 279 CHISWELL PLACE  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☒ DELETE

NAME KOVACSIK, RICHARD  
STREET ADDRESS 285 CHISWELL PLACE  
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LOUIE DI MILLO, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 22, 1996

(407) 889-8456

CR2E034 (12/95)