

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90117 027 ***150.00

DOCUMENT # P93000042951

1. Corporation Name

SUMMERTREE GOLF COURSE, INC.

Principal Place of Business

11816 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654

Mailing Address

11816 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

59-3188483

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PODGERS, EVERETT
STREET ADDRESS 11816 PARADISE POINTE WAY
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME MCSKIMMING, JOHN
STREET ADDRESS 11816 PARADISE POINTE WAY
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

2.1 TITLE Director of Finance's ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME LENZ, ETHEL
STREET ADDRESS 11816 PARADISE POINTE WAY
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

2.2 NAME THOMAS SABBACH ☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME POWERS, THOMAS
STREET ADDRESS 11816 PARADISE POINTE WAY
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

2.3 STREET ADDRESS 11816 PARADISE POINTE WAY ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME VOGT, RICHARD
STREET ADDRESS 11816 PARADISE POINTE WAY
CITY-STATE-ZIP NEW PORT RICHEY FL 34654

2.4 CITY-STATE-ZIP New Port Richey, FL 34654 ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0501467