

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90124 043 ***150.00

DOCUMENT # P94000072330

1. Corporation Name

SUMMIT AT SOUTHPPOINT CORPORATION

Principal Place of Business

**800 N. MAGNOLIA, SUITE 1000
ORLANDO FL 32803**

Mailing Address

**800 N. MAGNOLIA, SUITE 1000
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

59-3270911

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRAZIEL, DANNIS D
800 N MAGNOLIA AVE
SUITE 100
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DECKER, RAINER**
CITY-ST-ZIP **KARL-WIECHERT-ALLEE 50**
HANNOVER GE

TITLE ☐ DELETE
NAME **DTS**
STREET ADDRESS **BRAZIEL, DENNIS D**
CITY-ST-ZIP **800 N. MAGNOLIA AVE. SUITE 1000**
ORLANDO FL 32803

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **GEORG, DIETMAR**
CITY-ST-ZIP **150 E 42ND ST**
NEW YORK NY 10017

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **MURDOLO, SAUNDRA**
CITY-ST-ZIP **150E 42ND ST**
NEW YORK NY 10017

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **STORE, CARSTEN**
CITY-ST-ZIP **KARL-WIECHERT-ALLEE**
HANNOVER GE 30625

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

Assistant Treasurer
Dorothy Mallory Walters
800 N. Magnolia Avenue, Suite 1000
Orlando, FL 32803

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 12 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 #

3/9/99

(407) 649-8411

CR2E034 (1/98)