FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085999 (8)

1. Corporation Name
SUMMERTREE VILLAGE, INC.

Principal Place of Business	Mailing Address
% ALAN S. CHRISTNER, JR., P.A. P.O. BOX 1116 INDIAN ROCKS BEACH FL 34635	% ALAN S. CHRISTNER, JR., P.A. P.O. BOX 1116 INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o R.W. CALDWELL III	26 c/o R.W. CALDWELL III
Suite, Apt. #, etc. 22 1635-B ROYAL PALM DR.	Suite, Apt. #, etc. 27 1635-B ROYAL PALM DR.
City & State 23 GULFPORT, FLORIDA	City & State 28 GULFPORT, FLORIDA
Zip / Country 24 33707 / 25 USA	Zip / Country 29 33707 / 30 USA

4. FEI Number: 59-3279894 ☐ 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	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: ALAN S. CHRISTNER JR. P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 401 2ND ST. EAST 83: SUITE 231 84 City: INDIAN ROCKS BEACH FL 85 Zip Code: 34635

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: Allan S. Christner Jr. 4/28/94
Required (Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent's signature required when reinstating. Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	ROBERT W. CALDWELL III	12 NAME	
STREET ADDRESS	1635-B ROYAL PALM DR.	13 STREET ADDRESS	
CITY ST ZIP	GULFPORT, FL. 33707	14 CITY ST ZIP	
TITLE	VICE PRESIDENT/TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	CHARLES F. LOWE	22 NAME	
STREET ADDRESS	37 - 180TH AVE, W	23 STREET ADDRESS	
CITY ST ZIP	REDINGTON SHORES, FL 33708	24 CITY ST ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	CATHERINE D. CALDWELL	32 NAME	
STREET ADDRESS	1635-B ROYAL PALM DR.	33 STREET ADDRESS	
CITY ST ZIP	GULFPORT, FL. 33707	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	5/6/12
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: R.W. Caldwell III Robert W. Caldwell III 4/27/95 813-343-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480437 FP