

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000085999 (8)

1. Corporation Name

SUMMERTREE VILLAGE, INC.



Principal Place of Business

C/O R. W. CALDWELL III  
1635-B ROYAL PALM DR.  
GULFPORT FL 33707  
US

Mailing Address

C/O R. W. CALDWELL III  
1635-B ROYAL PALM DR.  
GULFPORT FL 33707  
US

3. Date Incorporated or Qualified  
11/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 1635-B ROYAL PALM DR.

2a. Mailing Address

26 1635-B ROYAL PALM DR.

4. FEI Number  
59-3279894

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 GULFPORT FL

28 GULFPORT FL

Zip

Country

Zip

Country

24 33707

25 US

29 33707

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTNER, ALAN S., JR. P.A.  
401 2ND ST. EAST  
SUITE 231  
INDIAN ROCKS BEACH FL 34635

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
Caldwell, Robert W III  
STREET ADDRESS  
1635-B ROYAL PALM DR.  
CITY-ST-ZIP  
GULFPORT FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
Lowe, Charles F.  
STREET ADDRESS  
37 - 180TH AVE. W.  
CITY-ST-ZIP  
REDINGTON SHORES FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
Caldwell, Catherine D.  
STREET ADDRESS  
1635-B ROYAL PALM DR.  
CITY-ST-ZIP  
GULFPORT FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)