

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082783

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SUNBELT COMMUNITIES, INC.

**Current Principal Place of Business:**

1314 STEARMAN CT  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

SUNBELT COMMUNITIES, INC.  
P.O. BOX 720395  
ORLANDO, FL 32872 US

**New Mailing Address:**

**FEI Number:** 59-3345626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF JOHN L. DI MASI  
801 N. ORANGE AVE  
STE 500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRAVES, LEWIS H  
Address: 3960-535 SOUTHPOINTE DR  
City-St-Zip: ORLANDO, FL 32822

Title: SD  
Name: GRAVES, KATHLEEN M  
Address: 3960-535 SOUTHPOINTE DR  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEWIS H. GRAVES

PD

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date