


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 041 ****61.25

DOCUMENT # N05000009528
1. Entity Name
SUMMER VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
11891 U.S. HIGHWAY ONE SUITE 110 NORTH PALM BEACH FL 33408
11891 U.S. HIGHWAY ONE SUITE 110 NORTH PALM BEACH FL 33408

TURN OVER



2. Principal Place of Business - No P.O. Box #
1100 Summer Street
Suite, Apt. #, etc
Apt 9

3. Mailing Address
1100 Summer Street
Suite, Apt. #, etc
Apt 9

2nd MOORE CR2E037 (4/07)

City & State
Palm Springs FL

City & State
Palm Springs FL

4. FEI Number
NO-T APPLICABLE
Applied For
 Not Applicable

Zip
33461

Country
Palm Beach

Zip
33461

Country
Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WALKER, TRENT
11891 U.S. HIGHWAY ONE
SUITE 110
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name
Summer Villas Condominium Ass.
Street Address (P.O. Box Number is Not Acceptable)
1100 Summer Street
Unit 9
City
Palm Springs FL Zip Code
33461

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE W. Walker Sec. DATE 07/20/07
Signature: typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, TRENT 11891 U.S. HIGHWAY ONE, SUITE 110 NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BIGGINS, JOSEPH 322 MERCIA DRIVE JUPITER FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. PALACIOS GUILLERMO 1100 SUMMER ST #1 PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	v.p. 1100 SUMMER ST # PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FIALLO, DAVID 1100 SUMMER ST #9 PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Walker DATE: 7/20/07 501 702 4228