2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N07000000403

Entity Name: SUMMER HOUSE FOUNDATION, INC.

Current Principal Place of Business:

8959 ALEXANDRA CIR
W PALM BEACH, FL 33414

New Principal Place of Business:

8959 ALEXANDRA CIR
W PALM BEACH, FL 33414 64

Current Mailing Address:

8959 ALEXANDRA CIRCLE
WEST PALM BEACH, FL 33414

New Mailing Address:

8959 ALEXANDRA CIR
W PALM BEACH, FL 33414

FEI Number: 20-8260503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESCOBAR, JOSEPH B D
8959 ALEXANDRA CIRCEL
WEST PALM BEACH, FL 33414 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: D ( ) Delete
Name: ESCOBAR, JOSEPH
Address: 8959 ALEXANDRA CIR
City-St-Zip: W PALM BEACH, FL 33414

Title: D ( ) Delete
Name: ESCOBAR, HEATHER
Address: 8959 ALEXANDRA CIR
City-St-Zip: W PALM BEACH, FL 33414

Title: D ( ) Delete
Name: VALENCIA, CARLOS
Address: 8959 ALEXANDRA CIR
City-St-Zip: W PALM BEACH, FL 33414

Title: D ( ) Delete
Name: HAYES, ROBERT
Address: 8959 ALEXANDRA CIR
City-St-Zip: W PALM BEACH, FL 33414

Title: D ( ) Delete
Name: SEAL, ROBERT
Address: 8959 ALEXANDRA CIR
City-St-Zip: W PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B ESCOBAR D 03/04/2009

Electronic Signature of Signing Officer or Director — Date