


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 014 ****61.25

DOCUMENT # N09452

1. Entity Name
SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8359 BEACON BLVD
 SUITE 617
 FORT MYERS, FL 33907 US**

Mailing Address
**8359 BEACON BLVD
 SUITE 617
 FORT MYERS, FL 33907 US**

40111687



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

3. Mailing Address
 Suite, Apt. #, etc.

07082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2644279

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**ADAMS JOSEPH E ESQ
 14241 METROPOLIS AVE
 SUITE 100
 FT MYERS, FL 33912-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 12, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME BLANK, DENNIS STREET ADDRESS 8359 BEACON BLVD SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BLANK, DENNIS STREET ADDRESS 8359 BEACON BLVD. SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907
TITLE SD <input type="checkbox"/> Delete	NAME BROOKSHIRE, GARY STREET ADDRESS 8359 BEACON BLVD SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BROOKSHIRE, GARY STREET ADDRESS 8359 BEACON BLVD. SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907
TITLE PD <input checked="" type="checkbox"/> Delete	NAME FORBES, NICHOLAS STREET ADDRESS 8359 BEACON BLVD SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME FORBES, NANCY STREET ADDRESS 8359 BEACON BLVD. SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907
TITLE TD <input type="checkbox"/> Delete	NAME LOVELL, RUSSELL STREET ADDRESS 8359 BEACON BLVD SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME GURGONE, FRANK STREET ADDRESS 8359 BEACON BLVD SUITE 617 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

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: *[Signature]* **July 16, 2008** **239-489-2345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #