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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34256 (0)
 1. Corporation Name
THE SUMMIT-NORTH ASSOCIATION, INC.



Principal Place of Business 1900 SUMMIT TOWER BLVD. SUITE 195 ORLANDO FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD. SUITE 195 ORLANDO FL 32810
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3. Date Incorporated or Qualified 09/13/1989	Applied For Not Applicable
4. FEI Number 59-2969971	

2. Principal Place of Business 21 1950 Summit Park Drive Suite, Apt. #, etc. 22 Suite 125 City & State 23 Orlando, FL Zip 24 32810	2a. Mailing Address 26 1950 Summit Park Drive Suite, Apt. #, etc. 27 Suite 125 City & State 28 Orlando, FL Zip 29 32810	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LILLEY, ROY A
% TRAMMELL CROW COMPANY
1900 SUMMIT TOWER BLVD., STE. 195
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name Patricia S. Connolly
82 Street Address (P.O. Box Number is Not Acceptable) c/o LaSalle Partners Management Services, Inc.
83 1950 Summit Park Drive, Suite 125
84 City, State, Zip Code Orlando FL 32810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Patricia S. Connolly* **Patricia S. Connolly, Vice President** DATE **4/28/98**

Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GIFFORD, ROBERT G	
STREET ADDRESS 41 OXFORD RD.	
CITY-ST-ZIP NEWTON CENTRE MA 02159	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME ALBERT, THOMAS K	
STREET ADDRESS 178 OCEAN ST.	
CITY-ST-ZIP LYNN MA	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BROWN, BARBARA	
STREET ADDRESS 2775 SANDERS RD	
CITY-ST-ZIP NORTHBROOK IL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Karl Droppers	
1.3 STREET ADDRESS RDV Sportsplex, 8701 Maitland Summit Blvd.	
1.4 CITY-ST-ZIP Orlando, FL 32810	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Meredith V. Fondahl	
2.3 STREET ADDRESS Charles Schwab & Co., Inc., 101 Montgomery St	
2.4 CITY-ST-ZIP San Francisco, CA 94104	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Terri L. Miller	
3.3 STREET ADDRESS Allstate Insurance Co., 3075 Sanders Road	
3.4 CITY-ST-ZIP Northbrook, IL 60062	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Peter E. Opresko	
4.3 STREET ADDRESS RDV Sportsplex, 8701 Maitland Summit Blvd.	
4.4 CITY-ST-ZIP Orlando, FL 32810	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter E. Opresko* **Peter E. Opresko** **4/23/98 (407)916-2420**

CFR2037 (10/97)