

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
Secretary of State**

DOCUMENT# N34256

Entity Name: THE SUMMIT-NORTH ASSOCIATION, INC.

Current Principal Place of Business:

C/O CBRE 20 NORTH ORANGE AVE
SUITE 802
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

C/O CBRE 20 NORTH ORANGE AVE
SUITE 802
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2969971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADER, SHAWN G
215 NORTH EOLA DRIVE
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: D () Delete
Name: CONNORS, KAPPY
Address: 20 NORTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: D () Delete
Name: CASTRO, SANDY
Address: 20 NORTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: D () Delete
Name: HANCOCK, MELONIE
Address: 20 NORTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONNORS, KAPPY
Address: 20 NORTH ORANGE AVE, SUITE 802
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change () Addition
Name: CASTRO, SANDY
Address: 20 NORTH ORANGE AVE, SUITE 802
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change () Addition
Name: HANCOCK, MELONIE
Address: 20 NORTH ORANGE AVE, SUITE 802
City-St-Zip: ORLANDO, FL 32801 US

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: KAPPY CONNORS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date