

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009528

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC3646711429**

**Entity Name:** SUMMER VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1100 SUMMER STREET, UNIT # 1  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

1100 SUMMER STREET, UNIT #1  
PALM SPRINGS, FL 33461

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PALACIOS, GUILLERMO N  
1100 SUMMER STREET, UNIT #1  
PALM SPRINGS, FL 33461 US

*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

**Officer/Director Detail :**

Title PD  
Name GUILLERMO, PALACIOS N  
Address 1100 SUMMER STREET, UNIT #1  
City-State-Zip: PALM SPRINGS FL 33461

Title VPD  
Name BOROWIEC, WOYCIECH VPD  
Address 1100 SUMMER STREET, UNIT #3  
City-State-Zip: PALM SPRINGS FL 33461

Title TD  
Name PALACIOS, RITA L  
Address 1100 SUMMER STREET, UNIT #1  
City-State-Zip: PALM SPRINGS FL 33461

*I hereby 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 all other like empowered.*

**SIGNATURE:** GUILLERMO N PALACIOS

PD

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date