

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11634

Entity Name: SUMMIT RUN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463**FEI Number:** 59-2683007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POSNER, MICHAEL J ESQ.
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 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:** MICHAEL J POSNER

03/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name HAWLEY, ROSEMARY
Address 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, PRESIDENT
Name ALVES, DAVID
Address 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, VP
Name GRINSTEAD, SUSAN
Address 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, TREASURER
Name SINCLAIR, ADAM
Address 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name BOU HAMDAN, DAOUD
Address C/O GRS MANAGEMENT
ASSOCIATES, INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: DAVID ALVES

PRESIDENT

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date