2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 747931

Entity Name: SUMMERPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2262471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: P
Name: RUPE, GLEN
Address: 910 VANDERBILT BEACH RD. #524
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: HILL, LINDA
Address: 910 VANDERBILT BEACH RD. #214
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: ROCKWELL, TED
Address: 910 VANDERBILT BEACH RD. #416
City-St-Zip: NAPLES, FL 34108

Title: T
Name: HATCHER, ROBERT
Address: 910 VANDERBILT BEACH RD. #514
City-St-Zip: NAPLES, FL 34108

Title: S
Name: FERRARI, PAOLO
Address: 910 VANDERBILT BEACH RD, #224
City-St-Zip: NAPLES, FL 34108

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: DENNIS F LIVELY MGR 04/05/2010

Electronic Signature of Signing Officer or Director — Date