2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 747931 Apr 27, 2011
Secretary of State

Entity Name: SUMMERPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ABILITY MANAGEMENT, INC 910 VANDERBILT DR 6736 LONE OAK BLVD NAPLES, FL 34108 UNAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD

C/O PROFESSIONAL COMMUNITY SERVICE
PO BOX 110156

NAPLES, FL 34109 US NAPLES, FL 34108 US

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

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

LIVELY, DENNIS F

C/O ABILITY MANAGEMENT, INC

6736 LONE OAK BLVD

NAPLES, FL 34109 US

WHITE, WILLIAM D

C/O PROFESSIONAL COMMUNITY SERVICE SW FL

2310 DELLA DR

NAPLES, FL 34117 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: WILLIAM D. WHITE 04/27/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: D

Name: RUPE, GLEN

Address: 910 VANDERBILT BEACH RD. #524

City-St-Zip: NAPLES, FL 34108

Title: DVP Name: HILL, LINDA

Address: 910 VANDERBILT BEACH RD. #214

City-St-Zip: NAPLES, FL 34108

Title: DVP

Name: ROCKWELL, EDWARD

Address: 910 VANDERBILT BEACH RD. #416

City-St-Zip: NAPLES, FL 34108

Title: DT

Name: HATCHER, ROBERT

Address: 910 VANDERBILT BEACH RD. #514

City-St-Zip: NAPLES, FL 34108

Title: DPS

Name: FERRARI, PAOLO

Address: 910 VANDERBILT BEACH RD, #224

City-St-Zip: NAPLES, FL 34108

Title: MA

Name: WHITE, WILLIAM D Address: PO BOX 110156 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: WILLIAM D. WHITE MA 04/27/2011