

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764444

FILED
Apr 06, 2009
Secretary of State

Entity Name: SUMMERLIN PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1555 MATTHEW DRIVE
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MGMT LMHS
P O BOX 150045
CAPE CORAL, FL 339150045 US

New Mailing Address:

C/O PROPERTY MGMT LMHS
P O BOX 150045
CAPE CORAL, FL 33915 US

FEI Number: 59-2290151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRIER, KATHY
C/O PROPERTY MGMT. LMHS
636 DEL PRADO BLVD.
CAPE CORAL, FL 33990 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: PD () Delete
Name: CURRIER, KATHY
Address: 8300 COLLEGE PKWY. STE. 200-201
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: DEFINO, ALBERTENAH B
Address: 636 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: O'MAILIA, CHERYL
Address: 1553 MATTHEW DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURRIER, KATHY
Address: 636 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: TD (X) Change () Addition
Name: GLENN, ALBERTENAH B
Address: 636 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERTENAH B. GLENN

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date