

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764444

FILED  
Mar 17, 2011  
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 33915 US

**New Mailing Address:**

C/O PROPERTY MGMT LMHS  
636 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

**FEI Number:** 59-2290151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLENN, ALBERTENAH B TD  
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  
**Name:** RIGOT, KRISTY  
**Address:** 636 DEL PRADO BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** TD  
**Name:** GLENN, ALBERTENAH B  
**Address:** 636 DEL PRADO BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990

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

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:** ALBERTENAH B. GLENN

TD

03/17/2011

Electronic Signature of Signing Officer or Director

Date