

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769878

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** SUMMIT OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

840 U.S. HWY. #1  
100  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

840 U.S. HWY. #1  
450B  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

840 U.S. HWY. #1  
100  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

840 U.S. HWY. #1  
450B  
NORTH PALM BEACH, FL 33408

**FEI Number:** 59-2321986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BORDELEAU, KATHLEEN  
840 U.S. HIGHWAY ONE  
SUITE 110  
NORTH PALM BEACH, FL 33408 US

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

MORTENSON, SHARON PRES  
840 U.S. HIGHWAY ONE  
SUITE 450B  
NORTH PALM BEACH, FL 33408 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: SHARON MORTENSON

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MORTENSON, SHARON  
Address: 840 U.S. HWY. ONE, SUITE 210  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TREA  
Name: HENNER, ROBERT E DDS  
Address: 840 US HWY. ONE, SUITE 215  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP  
Name: KAMINESTER, LEWIS MD  
Address: 840 US HWY ONE, SUITE 300  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR  
Name: HENNER, ROBERT E DDS  
Address: 840 U S HWY ONE, SUITE 215  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR  
Name: STEIN, MARK MD  
Address: 840 US HWY ONE, SUITE 230  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: OWNR  
Name: BORDELEAU, KATHLEEN  
Address: 840 US HWY ONE, SUITE 110  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: SHARON MORTENSON

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date