


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 022 \*\*\*\*61.25

<b>DOCUMENT # N01000005169</b> 1. Entity Name SUMMERLIN COMMONS PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	Mailing Address 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
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40030105



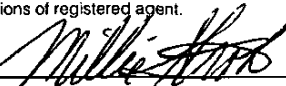
2. Principal Place of Business - No P.O. Box #  Alliant Property Management 6719 Winkler Rd Suite 200 Fort Myers, FL 33919	3. Mailing Address  Alliant Property Management 6719 Winkler Rd Suite 200 Fort Myers, FL 33919
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02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1133113	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JED PROPERTY MANAGEMENT SERVICES 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	7. Name and Address of New Registered Agent  Alliant Property Management 6719 Winkler Rd Suite 200 Fort Myers, FL 33919
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  VP	DATE: 2-15-08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, TED CREDITCORP PLAZA BANK 25TH FLOOR REPUBLIC OF PANAMA, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, RICK 1520 ROYAL PALM SQUARE BLVD #360 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eric Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1520 Royal Palms Square Blvd #360 Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VICTOR, BUZZZ 5650 GREENWOOD PLAZA BLVD. #43 GREENWOOD, CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Debra Henderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1520 Royal Palm Square Blvd #360 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: 2/14/08 Daytime Phone: 239-4541101 X236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	