

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90275 013 ****61.25

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DOCUMENT # N04000003158 1. Entity Name SUMMER RAIN COMMERCIAL PARK ASSOCIATION, INC.					
Principal Place of Business 5453 N.W. 24TH STREET MARGATE, FL 33063			Mailing Address 5453-1 N.W. 24TH STREET MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5453-1 N.W. 24TH ST			
City & State <i>Some</i>		City & State MARGATE		4. FEI Number 20-1048609	
Zip 33063		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, C. GLENN 1995 EAST OAKLAND PARK BLVD., SUITE 105 FORT LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS					
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGINS, MICHAEL R		NAME		
STREET ADDRESS	5453-1 NW 24TH ST		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANZO, DOMINICK		NAME		
STREET ADDRESS	5451-4 NW 24TH ST		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE	SECY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMASSI, LINDA		NAME		
STREET ADDRESS	5451-3 NW 24TH ST		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRANDA, CHRISTINA		NAME		
STREET ADDRESS	5451-2 NW 24TH ST		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Michael R. Hugins Pres</i>			Date <i>1/9/06</i> Daytime Phone # <i>954 755 2408</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					