

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003158

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: SUMMER RAIN COMMERCIAL PARK ASSOCIATION, INC.

## Current Principal Place of Business:

5453 N.W. 24TH STREET  
MARGATE, FL 33063

## New Principal Place of Business:

5453 N.W. 24TH STREET  
#5  
MARGATE, FL 33063

## Current Mailing Address:

5453-5 N.W. 24TH STREET  
MARGATE, FL 33063

## New Mailing Address:

5453-5 N.W. 24TH STREET  
#5  
MARGATE, FL 33063

FEI Number: 20-1048609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEONARD, C. GLENN  
1995 EAST OAKLAND PARK BLVD., SUITE 105  
FORT LAUDERDALE, FL 33306 US

## Name and Address of New Registered Agent:

HUGINS, MICHAEL  
5453-5 NW 24 ST  
MARGATE, FL 33063 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: MICHAEL R HUGINS

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HUGINS, MICHAEL R  
Address: 5453-5 NW 24TH ST  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: MANZO, DOMINICK  
Address: 5451-4 NW 24TH ST  
City-St-Zip: MARGATE, FL 33063

Title: SECY ( ) Delete  
Name: TOMASSI, LINDA  
Address: 5451-3 NW 24TH ST  
City-St-Zip: MARGATE, FL 33063

Title: TRES ( ) Delete  
Name: MIRANDA, CHRISTINA  
Address: 5451-2 NW 24TH ST  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL R HUGINS

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date