


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90047 028 ****61.25

DOCUMENT # N05000009211	
1. Entity Name SUMMIT PINES OFFICE/WAREHOUSE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 11900 SE FEDERAL HIGHWAY, STE 212 HOBE SOUND, FL 33455 US	Mailing Address 11900 SE FEDERAL HIGHWAY, STE 212 HOBE SOUND, FL 33455 US
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DO NOT WRITE IN THIS SPACE

	
03102008 No Chg-NP	CR2E037 (4/06)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICLORE, HAYDEN P
 11900 SE FEDERAL HWY, STE 212
 HOBE SOUND, FL 33455**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKNER, JASON T 15647-85TH WAY NORTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACKNER, DAVID 101 JACARANDA COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ACKNER, RICHARD 101 JACARANDA COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3-21-08**

SIGNATURE AND TYPED-OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #