

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009211

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** SUMMIT PINES OFFICE/WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11900 SE FEDERAL HIGHWAY, STE 212  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

11900 SE FEDERAL HIGHWAY, STE 212  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

FEI Number: 20-3450484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

ACKNER, JASON  
11900 SE FEDERAL HWY, STE 212  
HOBE SOUND, FL 33455 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: JASON ACKNER      01/09/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ACKNER, JASON T  
Address: 15647-85TH WAY NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP      ( ) Delete  
Name: ACKNER, DAVID  
Address: 101 JACARANDA COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: ST      (X) Delete  
Name: ACKNER, RICHARD  
Address: 101 JACARANDA COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

**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:

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: JASON T ACKNER      PRES      01/09/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date