

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