

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 30, 2010
Secretary of State**

DOCUMENT# N05000009211

Entity Name: SUMMIT PINES OFFICE/WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**933 S MILITARY TRAIL
E3
WEST PALM BEACH, FL 33415 US**New Principal Place of Business:****Current Mailing Address:**933 S MILITARY TRAIL
E3
WEST PALM BEACH, FL 33415 US**New Mailing Address:****FEI Number:** 20-3450484 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ACKNER, DAVID
933 S. MILITARY TRAIL
E3
WEST PALM BEACH, FL 33455 US**Name and Address of New Registered Agent:**SUAREZ, GILBERT
901 S. MILITARY TRAIL
A-3
WEST PALM BEACH, FL 33415 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: GILBERT SUAREZ

04/30/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: GRANT, SHARON A
Address: 925 S. MILITARY, SUITE D-1
City-St-Zip: WEST PALM BEACH, FL 33415 US**Title:** VP
Name: SALDANA, SEGUNDO
Address: 901 S. MILITARY TRAIL, SUITE A-3
City-St-Zip: WEST PALM BEACH, FL 33415 US**Title:** S
Name: SUAREZ, GILBERT
Address: 901 S. MILITARY TRAIL, SUITE A-3
City-St-Zip: WEST PALM BEACH, FL 33415 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON A GRANT

P

04/30/2010

Electronic Signature of Signing Officer or Director_____
Date