

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009211

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

901 S MILITARY TRAIL  
A-3  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 S MILITARY TRAIL  
A-3  
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:**

SUAREZ, GILBERT  
901 S. MILITARY TRAIL  
A-3  
WEST PALM BEACH, FL 33415 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRANT, SHARON  
Address: 901 S. MILITARY, SUITE A-3  
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

Title: T  
Name: JANIS, RANDALL  
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: RANDALL JANIS

T

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date