

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009183

FILED
Jan 28, 2008
Secretary of State

Entity Name: SUMMERLIN AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3207 ROSEBUD LANE
WINTER PARK, FL 32807

New Principal Place of Business:

Current Mailing Address:

3207 ROSEBUD LANE
WINTER PARK, FL 32807

New Mailing Address:

FEI Number: 20-8153474 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANCILLA, JOSEPH ESQ
3111 STIRLING RD
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: LETA SINGLETON, ASST. SEC

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBARD, MICHAEL
Address: 1701 W 37TH STREET SUITE 17
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: PINEIRO, MIGUEL
Address: 1701 W 37TH STREET SUITE 17
City-St-Zip: HIALEAH, FL 33012

Title: STD () Delete
Name: BOHIGAS, JEANETTE
Address: 1701 W 37TH STREET SUITE 17
City-St-Zip: HIALEAH, FL 33012

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: MICHAEL HUBBARD

PD

01/28/2008

Electronic Signature of Signing Officer or Director

Date