


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N09452 1. Entity Name SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907 US	Mailing Address 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2644279	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ADAMS JOSEPH E ESQ
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 33912-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, DENNIS 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKSHIRE, GARY 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORBES, NICHOLAS 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOVELL, RUSSELL 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GURGONE, FRANK 8359 BEACON BLVD SUITE 617 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80070-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #