2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N11634

Entity Name: SUMMIT RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1321 SUMMIT PINES BLVD
W PALM BCH., FL 334153636

New Principal Place of Business:

Current Mailing Address:

1321 SUMMIT PINES BLVD
W PALM BCH., FL 334153636

New Mailing Address:

FEI Number: 59-2683007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHENDELL & ASSOCIATES
3650 N FEDERAL HWY, STE. 202
STE. 202
LIGHTHOUSE COURT, FL 33064 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: SD ( ) Delete
Name: HAWLEY, ROSEMARY
Address: 1383 SUMMIT RUN CIR
City-St-Zip: W. PALM BEACH, FL 33415

Title: PD ( ) Delete
Name: ALVES, DAVID
Address: 5271 KIM COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP ( ) Delete
Name: GRINSTEAD, SUSAN
Address: 1425 PINES LANE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: DS ( ) Change (X) Addition
Name: SINCLAIR, ADAM
Address: 1371 PINES LANE
City-St-Zip: WEST PALM BEACH, FL 33415

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: DAVID ALVES PD 04/03/2009

Electronic Signature of Signing Officer or Director — Date