

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11762

FILED
Apr 21, 2008
Secretary of State

Entity Name: SUMMIT HOUSE ASSOCIATION OF CONDOMINIUM OWNERS, INC.

Current Principal Place of Business:

%UNION PROPERTIES ASSOC MGMT SERV, INC
4421 NW 39TH AVE BLDG 2, STE 1
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 357070
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-2720480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNION PROPERTIES ASSOC MGMT SERVICES, INC
4421 NW 39TH AVE
BLDG 2, STE 1
GAINESVILLE, FL 32606 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: PD () Delete
Name: HODOR, ANDREW
Address: 3760 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: BOLTON, ELIZABETH
Address: P O BOX 140817
City-St-Zip: GAINESVILLE, FL 32614

Title: SD () Change (X) Addition
Name: O'MALLEY, RICHARD
Address: 3760 NW 83 STREET
City-St-Zip: GAINESVILLE, FL 32606

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: ANDREW HODOR

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date