

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15921

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** SUMMIT TRAIL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 SUMMIT TRAIL CIRCLE  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 SUMMIT TRAIL CIRCLE  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

3900 WOODLAKE BLVD.  
SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number:** 65-0014586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST JOHN, CORE & LEMME, P.A.  
1601 FORUM PL STE 701  
W PALM BEACH, FL 33401 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  
Name: THORNTON, CHARLES MR.  
Address: 1146A- SUMMIT TRAIL CR.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD  
Name: ENGER, MARK MR.  
Address: 1182 C SHIBURRY CIR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD  
Name: SCHOTT, FREDERICK MR.  
Address: 1050 B SUMMIT TRAIL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD  
Name: MALACKO, JEAN MS.  
Address: 1139 A SUMMIT TRAIL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

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: CHARLES THORNTON

PD

03/09/2010

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

\_\_\_\_\_  
Date