


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N17353 1. Entity Name SUMMERLIN MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5285 SUMMERLIN ROAD SUITE #101 FORT MYERS, FL 33919-7602	Mailing Address 5285 SUMMERLIN ROAD SUITE #101 FORT MYERS, FL 33919-7602
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2713892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABODA, GERALD
5285 SUMMERLIN ROAD
FORT MYERS, FL 33907

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LABODA, GERALD 5285 SUMMERLIN ROAD FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITCHELL, JAMES 5285 SUMMERLIN ROAD FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOGAN, TIMOTHY D. 5285 SUMMERLIN ROAD FORT MYERS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/25/05-80001-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/21/05 (239) 936-8151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #