

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90029 048 ****70.00

DOCUMENT # N17353

1. Entity Name
SUMMERLIN MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.



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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2713892 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LABODA, GERALD
5285 SUMMERLIN ROAD
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name **Hogan, Timothy D.**
 Street Address (P.O. Box Number is Not Acceptable) **5285 Summerlin Rd #101**
Ft. Myers
 City **FL** Zip Code **33919**

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 *Timothy Hogan* DATE 2/16/07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LABODA, GERALD 5285 SUMMERLIN ROAD FORT MYERS, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITCHELL, JAMES 5285 SUMMERLIN ROAD FORT MYERS, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOGAN, TIMOTHY D. 5285 SUMMERLIN ROAD FORT MYERS, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Swanson, Gary 5285 Summerlin Rd # 402 Ft Myers, FL 33919 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hogan, Timothy D. 5285 Summerlin Rd #101 Ft. Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy Hogan* DATE 2/16/07 2399368151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #