
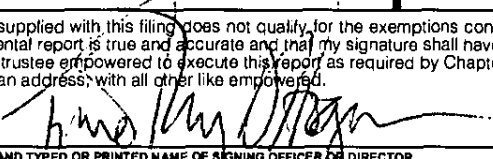


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

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		
DO NOT WRITE IN THIS SPACE		04102008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2713892	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOGAN, TIMOTHY D 5285 SUMMERLIN RD. #101 FORT MYERS, FL 33919		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000902042 04/29/08-80090-023 70.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN, TIMOTHY D 5285 SUMMERLIN RD., #101 FORT MYERS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWANSON, GARY 5285 SUMMERLIN RD., #402 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOGAN, TIMOTHY D. 5285 SUMMERLIN ROAD FORT MYERS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4/10/08 239 936-8151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	