

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17353

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SUMMERLIN MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5285 SUMMERLIN ROAD  
SUITE #101  
FORT MYERS, FL 339197602

**New Principal Place of Business:**

8267 COLLEGE PARKWAY  
FORT MYERS, FL 33919

**Current Mailing Address:**

5285 SUMMERLIN ROAD  
SUITE #101  
FORT MYERS, FL 339197602

**New Mailing Address:**

8267 COLLEGE PARKWAY  
FORT MYERS, FL 33919

**FEI Number:** 59-2713892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOGAN, TIMOTHY D  
5285 SUMMERLIN RD. #101  
FORT MYERS, FL 33919 US

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

HOGAN, TIMOTHY D  
8267 COLLEGE PARKWAY  
FORT MYERS, FL 33919 US

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: TIMOTHY HOGAN

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOGAN, TIMOTHY D  
Address: 5285 SUMMERLIN RD., #101  
City-St-Zip: FORT MYERS, FL

Title: VD ( ) Delete  
Name: SWANSON, GARY  
Address: 5285 SUMMERLIN RD., #402  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: HOGAN, TIMOTHY D.  
Address: 5285 SUMMERLIN ROAD  
City-St-Zip: FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOGAN, TIMOTHY D  
Address: 8267 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

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

Title: STD (X) Change ( ) Addition  
Name: HOGAN, TIMOTHY D.  
Address: 8267 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

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: TIMOTHY HOGAN

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date