

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17353

FILED
Mar 07, 2011
Secretary of State

Entity Name: SUMMERLIN MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8267 COLLEGE PARKWAY
FORT MYERS, FL 33919

New Principal Place of Business:

5285 SUMMERLIN RD
401
FORT MYERS, FL 33919

Current Mailing Address:

8267 COLLEGE PARKWAY
FORT MYERS, FL 33919

New Mailing Address:

C/O 8191 COLLEGE PKWY
302
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
8267 COLLEGE PARKWAY
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

GALE, ROBERT J
5285 SUMMERLIN RD
401
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: ROBERT J GALE

03/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GALE, ROBERT J
Address: 5285 SUMMERLIN RD #401
City-St-Zip: FORT MYERS, FL 33919

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

Title: STD
Name: GALE, STANLEY
Address: 5285 SUMMERLIN RD #401
City-St-Zip: FORT MYERS, FL 33919

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: ROBERT J GALE

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date