

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34256

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: THE SUMMIT-NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CBRE 20 NORTH ORANGE AVE  
SUITE 802  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CBRE 20 NORTH ORANGE AVE  
SUITE 802  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 59-2969971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RADER, SHAWN G  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONNORS, KAPPY  
Address: 20 NORTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 US

Title: D ( ) Delete  
Name: CASTRO, SANDY  
Address: 20 NORTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 US

Title: D ( ) Delete  
Name: HANCOCK, MELONIE  
Address: 20 NORTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 US

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

Title: D (X) Change ( ) Addition  
Name: CONNORS, KAPPY  
Address: 20 NORTH ORANGE AVE, SUITE 802  
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change ( ) Addition  
Name: CASTRO, SANDY  
Address: 20 NORTH ORANGE AVE, SUITE 802  
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change ( ) Addition  
Name: HANCOCK, MELONIE  
Address: 20 NORTH ORANGE AVE, SUITE 802  
City-St-Zip: ORLANDO, FL 32801 US

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: KAPPY CONNORS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date