2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004763

FILED Sep 26, 2007 Secretary of State

Entity Name: SUMMERGATE CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1801 COOI ORLANDO | K AVE), FL 32806 | US | | | | |
| Current M | ailing Addre | ss: | | New Maili | ing Address: | |
| 1801 COOI ORLANDO | K AVE), FL 32806 | US | | | | |
| FEI Number: | 59-3616994 | FEI Number Applied For () | FEI Nui | mber Not Appl | licable () Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | | Name and | Address of New Registered Agent: | |
| ASHER, S' 1801 COOI ORLANDO | | US | | | | |
| | named entity of Florida. | submits this statement for the p | ourpose o | of changing i | its registered office or registered agent, or both, | |
| SIGNATUF | RE: STEVEN | I ASHER nic Signature of Registered Ago | ent | | Date | |
| OFFICERS | S AND DIREC | | | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: Title: Name: | HARRIS, MIKE 4897 CYPRES ORLANDO, FL TD (CHLASTAWA, 4849 CYPRES ORLANDO, FL VD (FRANKLINEN, 4881 CYPRES ORLANDO, FL | SS WOODS DRIVE, #6112 . 32811) Delete STAN SS WOODS DRIVE, #1302 . 32811) Delete BEN SS WOODS DRIVE, #3214 | | Title: Name: Address: City-St-Zip: Title: Name: | TD (X) Change () Addition HARRIS, MIKE 4897 CYPRESS WOODS DRIVE, #6112 ORLANDO, FL 32811 VD (X) Change () Addition DERRAR, SAMUEL 4833 CYPRESS WOODS DRIVE, #4109 ORLANDO, FL 32811 PD (X) Change () Addition FRANKLIN, BENJAMIN 4881 CYPRESS WOODS DRIVE, #3214 ORLANDO, FL 32811 SD () Change (X) Addition LEON, SAM 8060 STRIPED MARLIN WAY ORLANDO, FL 32822 D () Change (X) Addition TRESTER, CAROL | |
| Address: City-St-Zip: Title: Name: Address: City-St-Zip: | (|) Delete | | Address: City-St-Zip: Title: Name: Address: City-St-Zip: | 4833 CYPRESS WOODS DRIVE, #4202 ORLANDO, FL 32811 D () Change (X) Addition HARDING, DEWAYNE 4881 CYPRESS WOODS DRIVE, #6106 ORLANDO, FL 32811 | |

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: BENJAMIN FRANKLIN PD 09/26/2007