2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004763

FILED Jan 05, 2009 Secretary of State

Entity Name: SUMMERGATE CONDOMINIUM ASSOCIATION, INC.

	rincipal Plac	e of Business:	New Prince	cipal Place of Business:	
1801 COC ORLANDO	OK AVE D, FL 32806	US			
Current Mailing Address:			New Maili	New Mailing Address:	
1801 COC ORLANDO	OK AVE O, FL 32806	US			
FEI Number	: 59-3616994	FEI Number Applied For ()	FEI Number Not App	Dicable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:	
ASHER, S 1801 COC ORLANDO		US			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both	
SIGNATU					
	Electro	nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	FULTON, RON	SS WOOD DR. #3210	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DERRAR, SAN	SS WOODS DRIVE, #4109	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition DERRAR, SAMUEL 4833 CYPRESS WOODS DRIVE, #4109 ORLANDO, FL 32811	
-	PD () Delete	Title:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANKLIN, BE	ENJAMIN SS WOODS DRIVE, #3214	Name: Address: City-St-Zip:	, , , , , , , , , , , , , , , , , , ,	
Name: Address:	FRANKLIN, BE 4881 CYPRES ORLANDO, FL D (DARAKDJIAN,	ENJAMIN SS WOODS DRIVE, #3214 . 32811) Delete PATRICIO SS WOODS DR #6107	Address:	VPD (X) Change () Addition TRESTER, CAROL 4833 CYPRESS WOODS DRIVE #4202 ORLANDO, FL 32811	
Name: Address: City-St-Zip: Title: Name: Address:	FRANKLIN, BE 4881 CYPRES ORLANDO, FL D (DARAKDJIAN, 4897 CYPRES ORLANDO, FL D (TASKER, DON	ENJAMIN ES WOODS DRIVE, #3214 . 32811) Delete PATRICIO ES WOODS DR #6107 . 32811) Delete I ES WOODS DR #3101	Address: City-St-Zip: Title: Name: Address:	VPD (X) Change () Addition TRESTER, CAROL 4833 CYPRESS WOODS DRIVE #4202	

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 PRES 01/05/2009